



CARMEL HIGH SCHOOL
GUIDANCE AND COUNSELING DEPARTMENT

Short Course Mid-Year Class Release

Students Name _____

Grade Level _____ Date _____

Student ID # _____

Parents Name _____ Parents Signature _____

Parents contact information (Work #) _____ (Home) # _____

Class requesting early release _____

Previous Grade in Class ____ (a minimum of 50 is required/Students with CDA are **NOT** Eligible)

Teacher Name (Please Print) _____

Teacher Signature _____ Date _____

Department Chair Signature _____ Date _____

Guidance Counselor _____

Guidance Counselor Signature _____ Date _____

The space below will be used by the teacher of the class to indicate any special circumstance required to complete the Short Course
