



2024-2025 Work Based Learning Release Request Form

Student Name: _____

Work Based Learning Release is the procedure whereby a high school student is allowed to leave school during normal school hours for the purpose of work based learning when such activities are not for credit toward graduation. This form must be completed annually and prior approval from the school must be given.

Applicants should meet the following conditions as a minimum:

1. Have completed two years of high school, grades 9-10, by the time the request will be implemented.
2. Have completed a four-year plan for high school graduation.
3. Have met all High School Assessment requirements.
4. Have completed the Student Service Learning requirement.
5. Have completed the Career Preparation requirement.
6. Plan for supervision during the time period, even when not attending a work site.
7. Able to gain all credits required for graduation by the end of the school year.

PARENT/GUARDIAN SECTION

I request that my child be allowed to have release time from the school day for Periods _____ for the following reason(s): _____.

I recognize that the Howard County Public School System cannot be held responsible for the student once the student leaves school property. If the student does not have regular transportation, I understand that they will be scheduled into classes for the entire day, and that these classes may not be eligible for credit. I also understand that the student should not be on school premises except for regularly scheduled classes and other authorized school activities. If the conditions upon which approval was granted change, I understand that it is my responsibility to inform the school of this change.

Mode of transportation on "A" days: _____ Contact Information: _____

Mode of transportation on "B" days: _____ Contact Information: _____

Parent/Guardian Signature _____ Date of Application _____ Parent/Guardian Phone # _____

Student Signature _____ Date of Application _____

EMPLOYER SECTION

Name of Organization/Business _____ Address of Organization/Business _____ Organization/Business Phone # _____

Signature of Employer _____ Printed Name of Employer _____

COUNSELOR SECTION

Courses for which student will be registered: 1. _____ 2. _____ 3. _____

4a. _____ 4b. _____ 5. _____ 6. _____

The student and their school counselor have created and verified progress on the student's four-year plan. ___ Y ___ N

After review it is possible for the student to meet graduation requirements with the draft plan created. ___ Y ___ N

Counselor's Name _____ Counselor Signature _____

PRINCIPAL SECTION

I have reviewed this request and ___ I approve ___ I do not approve. _____

Principal's Signature

Date