

Fallbrook Union High School

2400 South Stage Coach Lane
Fallbrook, California 92028

(760) 723-6300 x3201 ♦ FAX 723-6343
www.fallbrookhs.org

REDUCED SCHEDULE PERMISSION SLIP

I understand that, as a student at Fallbrook Union High School, I have the option to have a reduced schedule that must include a minimum of five classes, provided that I meet the requirement listed in the District's guidelines for open periods. Five of these classes **must** be consecutive and **must** be taken on the Fallbrook Union High School campus. I also understand that I am responsible for meeting the Fallbrook Union High School District graduation requirements that include the accumulation of 230 credits and passing all required classes. These requirements are outlined in the Course Catalog and must be discussed with your counselor before you will be placed on a reduced schedule. I acknowledge that I must obtain the signature of my parent/guardian, counselor, and principal before a reduced schedule is granted. Furthermore, I agree to arrive at and depart from campus in a timely manner upon completion of my courses, and I realize that loitering during my release time will result in a loss of this privilege and/or disciplinary action. I understand that I will continue to attend my original schedule until I receive confirmation that my reduced schedule request has been granted. All students are expected to be enrolled in a full (6 period) schedule per Education Code 51228.1. Not all requests will be granted.

Student Name (PLEASE PRINT)

Student No.

Date

For Seniors Only:

_____ I would like a late start schedule. I will attend periods 2-6.

_____ I would like an early release schedule. I will attend periods 1-5.

Seniors and all other students:

_____ I have enrolled in a class off campus and would like to attend periods 1-5 at FUHS.
MUST PROVIDE PROOF OF ENROLLMENT

_____ I have enrolled in a class off campus and would like to attend periods 2-6 at FUHS.
MUST PROVIDE PROOF OF ENROLLMENT

I would like to drop the following class(es) _____.

Student Signature

Date

Parent Signature

Date

Counselor Signature

Date

Principal Signature

Date

We were not able to approve your request due to the following reason:

☐ Your request conflicts with your current schedule ☐ Your request did not meet the approved criteria.

Authorizing Signature

Date

For Office Use Only

