

INSTRUCTIONAL ARRANGEMENTS  
STUDENT SCHEDULES

EED  
(EXHIBIT)

See the following pages for forms related to student schedules:

Exhibit A: Student/Parent Abbreviated Student Schedule Request Form—2 pages

Exhibit B: Principal Response to Request for Abbreviated Student Schedule—2 pages



EXHIBIT A

STUDENT/PARENT ABBREVIATED STUDENT SCHEDULE REQUEST FORM

To file a formal request for an abbreviated student schedule, please fill out this form completely and submit it by hand delivery, fax, or U.S. Mail to the appropriate campus principal.

1. Student's name: \_\_\_\_\_

2. Parent's name: \_\_\_\_\_

3. Address: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_

4. Campus: \_\_\_\_\_

5. Current grade level (only applicable to seniors): \_\_\_\_\_

6. Please describe the criteria/circumstances resulting in your request for an abbreviated student schedule (give specific, factual details).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Does your child participate in any school-based activities that are governed by the UIL, such as athletics, fine arts, cheerleading, academic competitions, and the like? If so, please specify any impacted areas below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Will an abbreviated student schedule result in a change of graduation plan or result in the loss of a graduation endorsement under HB 5? If so, specify the change below.

\_\_\_\_\_

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Student's or parent's signature: \_\_\_\_\_

Signature of student: \_\_\_\_\_

*Attach to this form any documents you believe will support the request. Please keep a copy of the completed form and any supporting documentation for your records.*

EXHIBIT B

PRINCIPAL RESPONSE TO REQUEST FOR ABBREVIATED STUDENT SCHEDULE

\_\_\_\_\_ (date)  
\_\_\_\_\_ (name of student)  
\_\_\_\_\_ (address of complainant)

Dear: \_\_\_\_\_

Having considered the request for an abbreviated student schedule we discussed in our conference on \_\_\_\_\_ (date), I have decided on the following recommendation to the Associate/Assistant Superintendent of Academic Services (or designee):

***[Note: When preparing the letter, include only one of the following sentences.]***

For the following reasons, I am unable to provide the remedy you seek:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am making a recommendation that the requested abbreviated schedule be approved. The justification for this recommendation is based on the following information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Proposed abbreviated schedule (list classes for each period):

1st Period: \_\_\_\_\_

2nd Period: \_\_\_\_\_

3rd Period: \_\_\_\_\_

4th Period: \_\_\_\_\_

5th Period: \_\_\_\_\_

6th Period: \_\_\_\_\_

7th Period: \_\_\_\_\_

8th Period: \_\_\_\_\_

\_\_\_\_\_  
(Signature of principal)

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**For Office Use Only**

Student's name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Approved

Denied

Reason for denial: \_\_\_\_\_

Associate/Assistant Superintendent of Academic Services (or designee) signature:

\_\_\_\_\_

Date: \_\_\_\_\_