Combs High School
Religious Release Request

Please print legibly. A parent or guardian must sign the bottom portion and return this form to the Principal’s office.

To the Principal of Combs High School:

I, _________________________________, hereby request that the student named above, be released for one period during the school day during the 20___ school year for religious study. I understand release for religious study may cause my child to be credit deficient. My child will have the opportunity to take a class during A hour, Z hour, online or summer school in order to remain on track for graduation.

Please indicate which option you would like to select to regain credit:

☐ A Hour (before school)

☐ Z Hour (after school)

☐ Summer School (online offered through CHS)

☐ Drop a class from my schedule so I only have 5 classes

For Office Use Only

Class dropped:__________________________________________

Class Scheduled for A or Z hour:____________________________

Signature______________________________________   Date:______