



Home of the THUNDER
Westlake High School

Fred Openshaw
Principal

Michael O'Connor
Assistant Principal
Athletic Director

Kristin Packer
Assistant Principal

Stacy Salmans
Assistant Principal

Chad Wilson
Assistant Principal

Parent Authorization and Student Contract For Approved Release

1. We, the undersigned, understand and agree that this is a request for

To be released from class at Westlake High School during _____ period(s) (not more than two).

2. We also understand that the student will not receive credit for the approved release time. This failure to receive credit may have a negative effect on the student's ability to graduate with his/her class.

3. We also understand that the student is **NOT** to be on the school grounds during the approved release time. The parent/guardian is responsible for the student's whereabouts and activities during that time. Violation of this may result in a citation for Trespassing being issued.

We, the parents/guardians, are satisfied that we have received sufficient assistance in making an informed decision about this request and relieve Westlake High School of responsibility for the student during approved release time.

Date _____

Student Signature _____

Classes approved for release

Student Name _____

- A1 B5
- A2 B6
- A3 B7
- A4 B8

Parent Signature _____

Administrator _____

- 2014-2015
- 2015-2016

Counselor _____