



AVONDALE HIGH SCHOOL
2800 Waukegan, Auburn Hills, MI 48326
p. (248) 537-6100 f. (248) 537-6105

AVONDALE HIGH SCHOOL REDUCED SCHEDULE REQUEST FORM

Important Information Regarding Reduced Schedules:

- ❖ Reduced Schedule Request forms must be returned to the counseling office within the first 5 days of each semester.
- ❖ Any student requesting a Reduced Schedule will be enrolled in 7 classes until the form is returned to the counseling office *and* approved by an administrator.
- ❖ If the student fails to perform satisfactorily under a reduced schedule, they will be required to return to a full schedule.

Parents/guardians may request a reduced schedule for their student if they meet both of the following criteria:

- ❖ The student is in 12th grade and on track to graduate.
- ❖ The student has a documented medical condition with a physician recommendation for a reduced schedule. ***Documentation must be attached to this form.**
 - *The **only** state-allowed reason for a reduced schedule is a documented student medical reason.*

(TO BE COMPLETED BY PARENT/GUARDIAN)

Student Name: _____

Parent/Guardian Name: _____

Semester Requesting Reduction: Semester 1 Semester 2 **School Year:** _____

I am requesting a reduction in scheduled classes for my student (not to total less than 80 percent of the required minimum number of hours) for the following reason(s):

Student Signature: _____

Parent Signature *(if student is under 18):* _____