

Bend-LaPine Public Schools
Administrative School District No. 1
Deschutes County, Bend, Oregon 97701-2699

SEMESTER RELEASE FROM FULL-TIME COMPULSORY SCHOOL ATTENDANCE

ORS 339.030(5) provides that the parent or legal guardian of any child 16 or 17 years of age (or the pupil if legally emancipated) may request that the child be released from full-time compulsory school attendance if the student is employed full-time, employed part-time and continues school enrollment, or if the child is enrolled in a community college or other state-registered alternative education program. This authority is limited to a semi-annual release for a maximum of one semester of school. (A new release may be requested for each subsequent semester, as appropriate).

The parent/guardian of _____, a _____ year-old, _____ grade student at _____ High School hereby requests that the student be released from full-time compulsory school attendance for the following reason:

Alternative Education: _____ is enrolled at _____, which is a state-registered alternative education program. The program phone number is _____ and the contact person is _____. (A completed INTENT TO ENROLL form from the alternative program must accompany this form and be filed with the Office of the Superintendent).

Employment: _____ is employed by _____ on a full-time or part-time basis. The employer's phone number is _____ and the contact person is _____. (A letter from the employer verifying such employment must accompany this form and be filed with the Office of the Superintendent).

Parent/Guardian date Pupil, ONLY if emancipated date

If the pupil signs as an emancipated minor:
I HEREBY CERTIFY that I have examined the Emancipation Decree for _____ from the County of _____, State of _____.

School Administrator date

TO THE SUPERINTENDENT:
I have verified that _____ has met the employment or alternative program requirements as stated above and hereby recommend that s/he be released from full-time compulsory school attendance until _____, the beginning of the _____ semester, 20__ - __ school year.

School Counselor date School Administrator date

I HEREBY CERTIFY that _____ is released from full-time compulsory school attendance for the reason and the period of time stated above.

GS-420 Original - Parent Copy
10/2004 2nd copy - School Record
3NCR 3rd copy - Admin Center

Superintendent or designee date