

Beatrice High School
600 Orange Boulevard
Beatrice, Nebraska 68310

Telephone: (402) 223-1515
Fax: (402) 223-1510

PARENTAL REQUEST FOR OUT OF SCHOOL TIME

For School Year _____

We, the parents of _____, have had a conference with our student. After consideration of all factors involved, we request that our son/daughter be allowed to attend a shortened day at Beatrice High School. Periods out of the building must be scheduled at the beginning or end of the day and must not interfere with a student's progress toward graduation. Students scheduled out of the building are not to be at school during that time.

Period(s) requested out of the building: (please list) _____ 1st semester
_____ 2nd semester

Parent Signature _____

Date _____

Parent Signature _____

Date _____