

## PRHS Flex Day Guidelines/Waiver

### Seniors Only

The flex day program allows seniors to have a shortened day during the second semester (1<sup>st</sup> semester students must have at least 24 credits). Seniors who wish to apply must also complete the attached application. Many four-year colleges do not recommend a shortened school day. Seniors should check with the colleges they are interested in attending.

I, parent/guardian of \_\_\_\_\_ understand:

- **It is my son/daughter's responsibility to check with the colleges he she has applied to see if flex day will affect admissions decisions. Most four year colleges do not look favorably on a shortened school day.**
- **A college has the right to withdraw an offer of acceptance based on a change in the senior year schedule.**
- That neither the Union County Public Schools nor Porter Ridge High School, is liable for accidents, injuries, illness occurring before the student arrives on campus or after the student leaves.
- Transportation is not provided outside of the normal school day. I will ensure my child has reliable transportation to and from PRHS.
- Student must be enrolled in classes to meet the 28 required credits for graduation.
- Schedules will only be adjusted as space permits.
- Student athletes must be on campus for a minimum of 2 classes.
- Student classes will be scheduled consecutively, no gaps between classes. (i.e. cannot have first block class, flex, 3<sup>rd</sup> block, flex)
- Students may not remain on campus during the time they are on flex.
- Students must sign in and out at the front office each day.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Flex Day Application

The student must meet with a counselor and submit this application prior to the 5<sup>th</sup> day of each semester of anticipated participation.

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Student ID \_\_\_\_\_

Name of Parent / Guardians \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Counselor's Name (Please Print) \_\_\_\_\_

Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Academic Requirements				
English	English I _____	English II _____	English III _____	English IV _____
Math	Math I _____	Math II _____	3 <sup>rd</sup> Math _____	4 <sup>th</sup> Math _____
Science	Earth _____	Biology _____	Physical / Chemistry _____	
History	World _____	Civics _____	United States or American History I _____	Am. Hist II _____
Health & PE	1 Credit _____			
2 Electives – Art, World Language or CTE	1 <sup>st</sup> Credit _____	2 <sup>nd</sup> Credit _____		
4 Electives – CTE, Arts, ROTC or other Academic Area	1 <sup>st</sup> Credit _____	2 <sup>nd</sup> Credit _____	3 <sup>rd</sup> Credit _____	4 <sup>th</sup> Credit _____
CASP Completed				
Other Electives	1 <sup>st</sup> Credit _____	2 <sup>nd</sup> Credit _____	3 <sup>rd</sup> Credit _____	4 <sup>th</sup> Credit _____
	5 <sup>th</sup> Credit _____	6 <sup>th</sup> Credit _____		
UCPS Diploma				

Proposed Schedule  
for Semester


\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date