



Flex Day Application

The student must meet with a counselor and submit this application prior to the 5th 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 rd Math _____	4 th 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 st Credit _____	2 nd Credit _____		
4 Electives – CTE, Arts, ROTC or other Academic Area	1 st Credit _____	2 nd Credit _____	3 rd Credit _____	4 th Credit _____
CASP Completed				
Other Electives	1 st Credit _____	2 nd Credit _____	3 rd Credit _____	4 th Credit _____
	5 th Credit _____	6 th Credit _____		
UCPS Diploma				



Proposed Schedule
for Semester

Student Signature

Date

Parent Signature

Date

Principal's Signature

Date