

PHS Virtual Blended Schedule Student Release  
School Year: FY 2021

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian (first and last name): \_\_\_\_\_

Land line phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Student will be on campus ONLY for the following classes:

<u>Period</u>	<u>Class Name</u>	<u>Teacher</u>

I understand that I will be responsible for my own transportation to/from campus and as a virtual blended student I may only be on campus during scheduled on-campus class time.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Virtual Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_