



# ALLATOONA HIGH SCHOOL MINIMUM MORNING/DAY APPLICATION 2024-2025

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

Cobb ID #: \_\_\_\_\_

High school seniors may qualify for the minimum day program according to the following provisions based on Cobb County District Administrative Rule IED-R dated 9/7/12:

1. Students **must** have earned a minimum of seventeen and one-half (17.5) credits prior to fall semester participation.
2. Students **must** have earned a minimum of nineteen and one-half (19.5) credits prior to spring semester participation.
3. Students **must** have passed or be enrolled in the required courses for high school graduation.
4. Students **must** not be on campus during 1<sup>st</sup> block if assigned minimum morning and students **must** leave campus at the end of 3<sup>rd</sup> block if assigned minimum day **EVERY DAY. No exceptions.**
5. Students **must** have reliable transportation to participate in the Minimum Day Program.

### ADDITIONAL INFORMATION:

- Student eligibility for extra-curricular activities (including sports) **may** be affected if any classes are failed or dropped on the minimum day schedule. Students must pass a minimum of three (3) classes on a block schedule for credit, each semester, to meet extra-curricular eligibility requirements.
- Students involved in extra-curricular activities will be scheduled for **minimum morning** when at all possible to avoid violation of CCSD board policy requiring minimum day students to exit campus immediately.
- Students may **NOT** be scheduled for Minimum Day and either Mentorship Program or Work Based Learning (Internship) Program or Dual Enrollment during the same semester.
- Students may be released for **ONLY** one (1) class per day.

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It is my understanding that participation in this program is a privilege for seniors, and such privileges may be revoked at the discretion of the school administration. Participating students are subject to the same rules and regulations as full-time students, including disciplinary actions and extra-curricular eligibility.

\_\_\_\_\_ **I have read the regulations and do understand and accept them as stated.**

I do hereby grant permission for \_\_\_\_\_, \_\_\_\_\_  
(print student's last name) (print student's first name)

to participate in the Minimum Day Program. In signing this document, I accept full responsibility for my son/daughter when he/she is not attending his/her regularly scheduled classes.

Please select one option per semester:

\_\_\_\_\_ 1<sup>st</sup> semester morning

\_\_\_\_\_ 2<sup>nd</sup> semester morning

\_\_\_\_\_ 1<sup>st</sup> semester afternoon

\_\_\_\_\_ 2<sup>nd</sup> semester afternoon

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
PARENT PHONE NUMBER

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
COUNSELOR'S SIGNATURE