

David Brearley Middle High School
401 Monroe Avenue Kenilworth, New Jersey 07033
Telephone (908) 931-9696 Fax (908) 931-1618

Brian Luciani
Principal

Jennifer Osemwegie
Assistant Principal

Rena Bush
Supervisor of Guidance

Scott Miller
Supervisor of Athletics

**LETTERS MUST BE IN BY
MARCH 1, 2013**

Dear Parent/Guardian:

Your son/daughter is presently requesting permission to have an abbreviated schedule for his/her senior year. In order for us to change his/her schedule, it is necessary to have your signed approval. **Please note: if your child is planning on attending a four year college, we strongly urge your child to remain at David Brearley for the entire school day.**

Students have been informed of the following rules governing this change in school procedure.

- Students requesting abbreviated schedules will either attend David Brearley from period 1 - 5 OR period 5 - 9. There are no exceptions to the time frames.
- Scheduling of pupils cannot be done to accommodate those wanting a late arrival/early dismissal. Only those students whose schedule happens to produce elective offerings at the beginning/ending of the day can be given this option.
- Students who have not taken or have taken and not passed the HSPA, must enroll in the AHSA course which is offered only during period 5.
- Those who are permitted the late arrival but who wish to report early on a particular day must make an appointment with a teacher.
- Those who are permitted early dismissal must go quietly to their lockers and then exit the building before the start of the next period. If they wish to remain, they must make an appointment in advance with a teacher and report to that teacher by the start of the next period.

Violation of these restrictions will lead to loss of the late arrival/early dismissal privilege, and the necessity of reporting to school for the entire day.

If you, as a parent, agree to allow your son/daughter to be permitted to have a late arrival/early dismissal, please sign below.

Parent's Name (print) Parent's Signature Date

Home Phone Number Parent's Cell Phone Number

Student's Name (print) Student's Signature Date

FOR OFFICE USE ONLY:

Counselor Signature Date Credits needed senior year
Earliest dismissal time

Case Manager Signature Date Supervisor's Signature Date

Parent/Guardian meeting for approval: _____

Administrative Signature Date Approved Denied

Date of Schedule Change: _____