



# IDA S. BAKER HIGH SCHOOL

3500 Agualinda Blvd. Cape Coral, Florida 33914  
Telephone: (239) 458-6690 • Fax: (239) 458-6691  
http://ibh.leeschools.net

**Jami Covert**  
PRINCIPAL  
jamidc@leeschools.net

**James Iandoli**  
ASSISTANT PRINCIPAL  
jamesmi@leeschools.net

**Tamika Massey**  
ASSISTANT PRINCIPAL  
tamikam@leeschools.net

**Cindy Otto**  
ASSISTANT PRINCIPAL  
cindymo@leeschools.net

**Virginia Ramos**  
ASSISTANT PRINCIPAL  
virginiara@leeschools.net

## SENIOR STUDENT EXEMPTION PERIOD(S) GUIDELINES AND AGREEMENT

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

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

Students that are high school seniors and meet eligibility criteria, may be eligible for **up to two (2)** exemption periods each semester, per two-day block. The senior exemption periods may be used for 12<sup>th</sup> grade students that meet **all** of the following:

- On track to graduate with their 4-year cohort group.
  - o Student is on track regarding credits, minimum unweighted GPA, and required assessments
- Maintain at least a C in year-long courses required for high school graduation in order to remain eligible for senior exemption periods during Semester 2.
- Parent/Student must provide transportation.
  - o Transportation off campus shall occur immediately following the student's last scheduled class for the day. Students are prohibited from staying on campus during exemption periods.
- Submit a completed parent and student agreement form.
  - o Administrator/School Counselor must personally verify this form by speaking with parent in person or via phone. This communication as well as the agreement form must be documented.

The principal reserves the right to suspend this privilege if there is evidence of non-compliance with the above-mentioned guidelines and conditions. Student compliance with the required criteria will be reviewed at the end of first semester to ensure continued qualification for semester two.

I, \_\_\_\_\_, understand that by signing this consent form, I am giving Ida S.  
Parent Name

Baker High school permission to schedule my child, \_\_\_\_\_, for up to 2 out  
Student Name

of 8 periods during his/her senior year. I further understand that **if** my child has met all of the criteria listed above he/she may be eligible for up to two (2) senior exemption periods per semester, per two-day block.

\_\_\_\_\_  
Parent Signature  
(must be in the presence of school counselor or may sign using the back of this form)

\_\_\_\_\_  
Date

*Home of the Bulldogs*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Counselor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

**Office Use Only:**

Date of Verified Conversation with Parent:		<input type="checkbox"/> In Person	<input type="checkbox"/> By Phone
--	--	------------------------------------	-----------------------------------

Schedulers will use the OFF CAMPUS PLACEHOLDER – OFFCAMPS (non-FTE) to schedule the periods that students campus.

If parent/guardian is unable to sign this form in the presence of the school administrator or counselor, please submit form with notarized signature.

State of Florida  
County of Lee

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ (A Florida Driver’s License) as identification.

Seal

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_