



APPLICATION FOR EARLY HIGH SCHOOL GRADUATION/COMPLETION

Student name: _____ Date of Birth: _____ Grade: _____

Parent name: _____

Address: _____ Phone: _____

Referral for early graduation made by (check one): Staff Member Parent/Guardian

Name of the person making the referral: _____

Student statements:

1. I am requesting early graduation/completion for the following reasons:

2. My plans after graduation are:

Signature affirming permission for student to be evaluated for early graduation/completion:

<i>Signature of Parent/Guardian</i>	<i>Date</i>	<i>Student Signature</i>	<i>Date</i>

Acceleration Evaluation Committee:

<i>Please print</i>	<i>Administrator Signature</i>	<i>Date</i>

<i>Please print</i>	<i>Teacher Signature</i>	<i>Date</i>

<i>Please print</i>	<i>Parent/Guardian Signature</i>	<i>Date</i>

<i>Please print</i>	<i>Counselor Signature</i>	<i>Date</i>

1. Date of Evaluation Meeting: _____ (Please attach transcript to this form)
Comments:

2. Principal recommendation: Approve Do not approve
Principal's signature: _____ Date: _____

3. Board approval: Approve Do not approve **Date of Board decision:** _____