

**Leesville Road High School
Early Graduation Request Form**

For the 2016-2017 school year, this form was due by April 12, 2016. Forms submitted after this date will only be approved with a documented medical or other hardship.

Student Name: _____ Student ID # _____

Student Email: _____

Early Graduation Date

_____ January of (school year) _____ (May request to participate in June graduation ceremony)

_____ June of (school year) _____ (Graduation a year ahead of schedule, June ceremony applies)

If Early Graduation is approved, and the student will finish requirements by January, please list the four classes the student would like to drop from his/her schedule. *This section does not apply to students graduating a year ahead of schedule.*

The parent initials and signature and student signature below verify the understanding of the following statements (Parents, please initial beside each statement):

- _____ It is the student/parent's responsibility to contact any college/university's admissions office to determine that this request will not affect the student's admission.
- _____ I have communicated with my child's school counselor, have carefully reviewed my child's record and believe this action to be in his or her best interest; I am fully aware that my child will no longer be enrolled in school and of the conditions which apply to all students who graduate early.
- _____ My child will have no right to participate in any extracurricular activities, including athletics, school dances, plays, etc.
- _____ My child will have no right to access any of the benefits accorded students who are enrolled, including bus transportation, participation in the free/reduced price meal program, and special education and related services
- _____ My child will have no right to be on campus except as a visitor and under conditions which apply to all visitors.

Signature of Parent

Date

Signature of Student

Date

Counselor Review

My signature verifies that I have reviewed this student's record, have met with the student and communicated with his or her parents, and have reviewed the conditions associated with early graduation.

Signature of Counselor

Date

Principal Action

_____ Approved

_____ Denied

Principal Signature

Date