



**Twin Valley High School**  
 4897 N. Twin Valley Road · Elverson, PA 19520  
 Telephone 610-286-8600 · Fax 610-286-8604  
 www.tvsd.org

## EARLY GRADUATION STUDENT REQUEST

**William Clements**  
Principal  
610-286-8614

**Matthew Barber**  
Assistant Principal  
610-286-8648

**Brenda Moyer**  
Assistant Principal  
610-286-8648

**John Guiseppe**  
Activities/Athletic  
Director  
610-286-8609

\_\_\_\_\_ (Student Name) \_\_\_\_\_ (Date)

is requesting to fulfill graduation requirements on \_\_\_\_\_  
for \_\_\_\_\_ (Date)

the following reason(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please include explanation as to what your plans are if this request is approved

\*\*\*Please be aware, student health insurance could be affected if no longer considered a full time student. Please contact your health insurance company with any questions.

**APPROVAL:**

\_\_\_\_\_ (Student Signature)  
(Date)

**Parent:** \_\_\_yes \_\_\_no \_\_\_\_\_ (Parent Signature) \_\_\_\_\_ (Date)

**Counselor:** \_\_\_yes \_\_\_no \_\_\_\_\_ (Counselor Signature) \_\_\_\_\_ (Date)

**Asst principal:** \_\_\_yes \_\_\_no \_\_\_\_\_ (Asst. Principal Signature) \_\_\_\_\_ (Date)

**Principal:** \_\_\_yes \_\_\_no \_\_\_\_\_ (Principal Signature) \_\_\_\_\_ (Date)