Dublin City School District

Students
5464 F1
Revised 1/23/20

Request for Early Graduation

- Student/Parent completes, signs, and returns to Guidance office at school.

Student name (print): _____ Grade: _____

Student ID #: _____ Student email: _____

Parent name (print): _____ Phone: _____

Parent email: _____

By signing this request, we, as parents/guardians, give our permission for our student to complete graduation requirements early.

Check one:

- ☐ My early graduation will be scheduled for May / June, _____ (year)
- ☐ My mid-year graduation will be scheduled as the end of the 1st semester, _____ (mo/year)

☐ I have completed and attached my plan to meet my graduation requirements.
☐ I will meet the graduation requirement for the class of _____.

I understand that it is my responsibility to attend the mandatory scheduled practice for graduation in order to participate in the graduation ceremony.

My preference for receiving a diploma is indicated below (please check one):

- ☐ I would like to participate in the May / June commencement ceremony
- ☐ I would like to receive my diploma at the Dublin Board of Education meeting
- ☐ I would like to receive my diploma by mail

Signed: _____ Date: _____
(student)

Signed: _____ Date: _____
(parent)

Request approved: _____ Request denied: _____

Signed: _____ Date: _____
(principal)

Copies: Parent/Guardian, School Counselor, Registrar