

EARLY GRADUATION
PARENT REVIEW & SIGNATURE

STUDENT'S NAME: _____

1. How do you feel about your child's intention to graduate early?

2. Parent Signature

Please Print Name:

Date:

Your signature above indicates you have reviewed your student's Early Graduation Survey and agree with the information included on the Survey.

This form is to be turned in to your student's School Counselor. If a student does not turn-in form they will not be eligible for early graduation.