

## **Graduation Application**

| Name:  | Student ID:  |         |
|--|--|---------|
| Phone:   | Birthdate:   |         |
| Email:   | LDIS Date:   |         |
| Locker:  | W/D Code:  |         |
| Reason for request of Early Graduation:  |  |         |
| Student WILL attend graduation and related activities.  *Student is responsible to find out about and attend all graduation practices in order to participate in the ceremony. | Cap and Gown Ordered Y or I                                | N       |
| Student will NOT attend graduation and related class a *Student will pick up diploma at their high school after graduation   |  |         |
| Note: If you are 18 or older and currently receiving social security benefits o those benefits.  | r child support, you must remain a full time student to ma | aintain |
| Student Signature:   | Date:  |         |
| Parent or Guardian Signature:  | Date:  |         |
| Both signatures are  | required.  |         |
| Office Use Only  |  | _       |
| All graduation requirements met according to Board Policy 5460   | D. Y or N  |         |
| Ohio Competency Requirements (including seals): Alternati  | ve Graduation Pathway (including seals):                   |         |
| Counselor Signature:   | Date:  |         |
| Approved Denied  |  |         |
| Principal Signature:   | Date:  |         |
| Chromebook Returned: Y or N  | Charger Returned: Y or N                                   |         |
| Stylus Returned: Y or N  | Cover Returned: Y or N                                     |         |
| Fee balance: Y or N  |  |         |