

West Bonner County School District

Request for Early Graduation Form per policy 2730

Please complete this form and submit it to the High School Counselor prior to November 30th or April 15th so we can review your application and submit it for final approval.

Date: _____ Received By: _____

STUDENT TO COMPLETE THIS SECTION

Student Name: _____

Address: _____

Phone: _____ Cell: _____

How many credits have you earned towards graduation? _____
Please attach a current copy of your transcript.

Please explain the reason you are applying for early graduation? (You may attach additional paper if necessary)

Request for early graduation signatures:

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

Recommendation for early graduation signatures: **SCHOOL TO COMPLETE**

Counselor: _____ Date: _____

Principal/Asst Prin: _____ Date: _____

Superintendent: _____ Date: _____

Final Approval: BOARD TO COMPLETE

West Bonner County S.D. Board Chairman

Date: _____