Anchorage School District
EARLY GRADUATE

STUDENT NAME _____ DOB _____ID # _____

CURRENT SCHOOL _____ CURRENT GRADE _____

DECEMBER GRAD _____ 11TH GRADE GRAD _____ GRADUATION DATE _____

I/we accept that by choosing to graduate early my class rank will continue to fluctuate with my class of _____. I/we understand that this will continue to occur until my class concludes.

Parent/Guardian Name _____

Parent/Guardian Signature_____Date_____

Student Signature _____Date_____

Counselors Signature _____

Curriculum Principal _____

Secondary Education _____

Additional ERHS Information:

Do you plan to walk in the ERHS Graduation Ceremony in May? YES_____ NO_____

If yes, it is your responsibility to track all graduation-related information on the ERHS website: www.asdk12.org/eagleriverhigh.

Please initial to acknowledge _____