

LIBERAL HIGH SCHOOL

EARLY GRADUATION APPLICATION

Name: First _____ Middle _____ Last _____

Address _____

Grade: _____ Date of Anticipated Graduation _____

_____ I have read and understand the policy related to early graduation.

_____ I will complete all graduation requirements prior to graduation.

Student Signature Date

Parent Signature Date

I have met with the student. They are currently enrolled in the classes needed for graduation.

Counselor's Signature Date

Please attach the two statements to the form, in addition to the graduation plan.

Signatures: _____
Principal Date

Superintendent Date

School Board President Date

STATEMENT FROM STUDENT:

NAME: _____

It is in my best interest to graduate early from Liberal High School because:

STATEMENT FROM PARENT / GUARDIAN:

NAME: _____

It is in my best interest of my child to graduate early from Liberal High School because:
