



EARLY GRADUATION APPLICATION FORM

Student Information

Student Name: _____

Current School: _____

Current Grade Level: ☐ 9 ☐ 10 ☐ 11 ☐ 12

Original Graduation Year: _____

Requested Graduation Year: _____

Parent/Guardian Name(s): _____

Phone: _____

Email: _____

Application Timeline & Acknowledgment

- Application must be submitted by October 1 of the student's junior year.
- Approval is contingent upon completion of all graduation requirements.
- Students who do not meet requirements within the plan will not graduate early.

Graduation Requirements Plan (To be completed by student and counselor)

Credits Earned to Date _____

Please list all courses necessary for graduation and the method of completion (traditional, online, early college, etc.)

English: _____

Social Studies: _____

Math: _____

Science: _____

Physical Education: _____

Health: _____

World Language: _____

Career Pathway: _____

Electives: _____



Post-Secondary Plan (To be completed by student)

- ☐ College Acceptance
- ☐ Workforce Plan
- ☐ Technical Program
- ☐ Other: _____

Summary of Future Plans:

Rationale for Parent Approval of Early Graduation (To be completed by parent/guardian)

Required Documents

- Please attach two teacher endorsements.
- Please attach the current transcript.
- Please attach IEP or 504 plan, if relevant.

Signatures

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

Principal Signature: _____ Date: _____

District Review (Internal Use Only)

Director of Secondary Schools: ☐ Approved ☐ Denied

Senior Director of Secondary Education Signature: _____ Date: _____