WFPS EARLY GRADUATION APPLICATION

Please make sure you have familiarized yourself with West Fargo Public Schools early graduation policy available here: https://www.west-fargo.k12.nd.us/about-us/administrative-policy/gdaa-ap-early-graduation

Learner Name (first, last, ID number): _____

Graduating Early (please circle): END OF JUNIOR YEAR END OF S1 OF SENIOR YEAR

Please describe your post-graduate plans here. **For early graduation to be approved, the learner must have proof of early admission to a university/training program OR intent to hire paperwork for a job in a career or field of interest to the graduate.** Include how this is aligned t o your long-term goals. For example, if the learner currently works at the movie theatre, but is interested in pursuing a career in engineering, working full-time at the movie theatre would not qualify for approval, but admission into college to pursue an engineering degree OR an internship at an engineering firm would qualify for approval. If your post-graduate plans do not meet this threshold, but you believe they should be given special consideration, please meet with your counselor.

_____
_____
_____

Please initial next to the following statements to designate your understanding.

_____ If I would like to participate in the graduation ceremony, I will still need to complete the graduation ceremony requirements of all other seniors, like the senior capstone presentation.
_____ I understand I will still be expected to complete additional graduation requirements such as the Civics Exam, senior survey, etc.
_____ Upon early graduation, I am ineligible to participate in school-based activities and events, such as homecoming, prom, etc. unless asked as a guest.
_____ I understand, per district policy, I must have earned a cumulative 3.0 GPA.

Upon completion of this application, all documentation, including evidence of post-secondary plans (admission letter, letter of intent to hire, etc.) and your graduation checklist, must be submitted to your principal.

Learner Signature:_____

Parent/Guardian Name:_____

Parent/Guardian Signature:_____

Counselor Signature:_____

Administrator Signature:_____

Date: _____

Upon receipt and review of this application, a meeting between the learner, parent/guardian, school counselor and your principal will be scheduled to discuss the next steps.

The statements in this document are intended to provide guidance for daily procedures and practices in order to maintain order, efficiency, and continuity amongst our schools.