Leesville Road High School
Early Graduation Request Form 2017-2018

THIS FORM IS DUE BACKTO YOUR COUNSELOR BY <u>MARCH 31</u>
YOU MUST FIRST REGISTER FOR 8 CLASSES IN POWERSCHOOL

Student Name: _____   Student ID # _____

Student Email: _____

<u>Early Graduation Date</u>

_____ January of (school year) _____ (May request to participate in June graduation ceremony)

_____ June of (school year) _____ (Graduation a year ahead of schedule, June ceremony applies)

If Early Graduation is approved, and the student will finish requirements by January, please list the four classes the student would like to drop from his/her schedule. ***This section does not apply to students graduating a year ahead of schedule.***

_____   _____

_____   _____

<u>The parent initials and signature and student signature below verify the understanding of the following statements (Parents, please initial beside each statement):</u>

_____ It is the student/parent's responsibility to contact any college/university's admissions office to determine that this request will not affect the student's admission.

_____ I have communicated with my child's school counselor, have carefully reviewed my child's record and believe this action to be in his or her best interest; I am fully aware that my child will no longer be enrolled in school and of the conditions which apply to all students who graduate early.

_____ My child will have no right to participate in any extracurricular activities, including athletics, school dances, plays, etc.

_____ My child will have no right to access any of the benefits accorded students who are enrolled, including bus transportation, participation in the free/reduced price meal program, and special education and related services

_____ My child will have no right to be on campus except as a visitor and under conditions which apply to all visitors.

_____   _____
Signature of Parent   Date   Signature of Student   Date

Counselor Review

My signature verifies that I have reviewed this student's record, have met with the student and communicated with his or her parents, and have reviewed the conditions associated with early graduation.

_____
Signature of Counselor   Date

Principal Action

_____ Approved   _____ Denied   _____
                                          Principal Signature   Date