## Leesville Road High School Early Graduation Request Form

Student Name:	Student ID #
Student Email:	
Early Graduation Date	
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. <i>This section does not apply to students graduating a year ahead of schedule.</i>	
The parent initials and signature and student signature below verify the understanding of the following statements (Parents, please initial beside each statement):	
<ul> <li>affect the student's admission.</li> <li>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.</li> <li>My child will have no right to participate in any extracurricular activities, including athletics, school dances, plays, etc.</li> <li>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</li> <li>My child will have no right to be on campus except as a visitor and under conditions which apply to all visitors.</li> </ul>	
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	
F	Principal Signature Date