

Leesville Road High School
Mid-Year/Early Graduation Request Form

Student Name: _____ Student ID # _____

Student Email: _____

Graduation Plan

_____ Mid-Year-January of (school year) _____ (Student will participate in the January Graduation Ceremony)

_____ Early-June of (school year) _____ (Graduation a year ahead of schedule, June Graduation Ceremony)

If Mid-Year 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.***

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

_____ 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.

For Mid-Year Graduates Only

_____ 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.

_____ **I understand that by opting for a mid-year graduation, my child will be participating in the January Graduation Ceremony.**

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 mid-year/early graduation.

Signature of Counselor Date

Principal Action

_____ Approved _____ Denied

Principal Signature Date