



## Early Graduation Plan

\_\_\_\_\_ has indicated that he/she would like to graduate from High School a year early. In order to do this he/she **MUST** fulfill the following requirements:

Class Needed	Sem/FY	Program Used	Date of Sum Sch/Night Sch	Counselor Inits.	Parent Inits.
		HS    SS			
		NS			
		HS    SS			
		NS			
		HS    SS			
		NS			
		HS    SS			
		NS			
		HS    SS			
		NS			
		HS    SS			
		NS			
		HS    SS			
		NS			

If this form is not signed by the student, a parent and the counselor, the student will not be able to graduate early. This form **MUST be returned to the Counseling Office** to be kept on file. If there is a schedule change, student **MUST** notify counselor of Early Grad status. 22<sup>nd</sup> Credit **CANNOT** be Office Worker.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intended Date of Graduation

HS: High	SS: Summer School
NS: Night School	

