



## Request For Early Graduation

### Student Information

Student's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

Please tell us how it will be advantageous for you to graduate early and what your plans are after graduating?

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Student Responsibilities

It is the student's responsibility to thoroughly complete all information on this form and meet the requirements below before final consideration will be given to this request for early graduation approval.

- 1.) The student must meet with his/her grade level counselor and/or administrator to discuss his/her intent for early graduation in order to determine eligibility and further course of action.
- 2.) The student must complete this form with necessary signatures and submit it to his/her grade level counselor.



**To be considered the following must have been satisfied and signed off by the appropriate parties:**

(1.) Completed Transcript Audit:

Date: \_\_\_\_\_ Signature of Senior Counselor \_\_\_\_\_

(2.) Graduation Checklist:

Date: \_\_\_\_\_ Signature of Senior Counselor \_\_\_\_\_

(3.) Updated 504, IEP, IELP, or RTI Plans if applicable:

Date: \_\_\_\_\_ Signature of Administrator \_\_\_\_\_

(4.) CCR Indicator Verified:

Date: \_\_\_\_\_ Signature of Administrator \_\_\_\_\_

(5.) FAFSA Verification:

Date: \_\_\_\_\_ Signature of Senior Counselor \_\_\_\_\_

(6.) Civics Test Successfully Passed:

Date: \_\_\_\_\_ Signature of Senior Counselor \_\_\_\_\_

(7.) Student Cohort Information Verified:

Date: \_\_\_\_\_ Signature of Senior Counselor \_\_\_\_\_

Date: \_\_\_\_\_ Signature of District Cohort Certifier \_\_\_\_\_

(8.) Student has met or presented a case to the SHS team why early graduation will benefit them and help them become a CCR graduate:

Date: \_\_\_\_\_ Signature of Senior Counselor \_\_\_\_\_

(9.) Sheffield High School has collected all fees, equipment, etc.:

Date: \_\_\_\_\_ Signature of Senior Principal \_\_\_\_\_

**Date submitted to Central Office Cohort Certifier: \_\_\_\_\_**

**Signature of Julie Box: \_\_\_\_\_**