

**Leesville Road High School
Early Graduation Request Form**

Parent/Student Request

I request permission for my son or daughter, _____,
to graduate early in (check one):

_____ January of (school year) _____ _____ June of (school year) _____

Commencement ceremonies will be held in both January and June. January graduates are expected to participate in the January ceremony.

My son's/daughters' post secondary plans are (check one):

_____ Four-year college _____ Two-year college _____ Work _____ Other _____

My signature certifies that 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; that 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; and that I agree to these stipulations:

- He/She will have no right to participate in any extracurricular activities, including athletics, school dances, plays, etc.
- He/She 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.
- He/She will have no right to be on campus except as a visitor and under conditions which apply to all visitors.

Signature of Parent

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

