

WARREN COUNTY HIGH SCHOOL	REQUEST FOR EARLY GRADUATION
Parent/Student Request for Review	
<i>This request is submitted to request that my child's transcript and other relevant records be reviewed to determine if he/she meets the requirements for early graduation.</i>	
Student Name:	Parent Name:
Student Signature:	Parent Signature:
Date:	Date:
SCHOOL USE ONLY	
Principal/Person Receiving:	Date Request Received:
1. Has this student earned enough credits for early graduation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
a. Number of credits earned at the end of the last school year: _____	
b. Number of credits needed this semester for early graduation: _____	
c. Total of lines a and b: _____	
2. What was the student's class rank at the end of last school year? _____ out of _____	
3. Upon successful completion of all courses this semester, what special recognitions or honors is the student possibly eligible for? (Students graduating early are not eligible to be class valedictorian or salutatorian.)	
4. What are the student's postsecondary plans?	
5. Have you counseled with the student and parents regarding his or her postsecondary plans? Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. Do you recommend that this student pursue early graduation? Yes <input type="checkbox"/> No <input type="checkbox"/> Provide a brief explanation for either response.	
Date of Preliminary Exit Meeting:	Counselor Signature:
Student Signature:	Director of Guidance Department Signature:
Parent Signature:	Principal Signature:
<i>Attach a copy of the student's transcript</i>	
Final Review	
_____ This student is approved for early graduation.	Superintendent Signature:
_____ This student is not approved for early graduation.	Date:

Original: Parent

Copy: _____ Guidance Dept.

AS-105

Revised: 09/30/04

_____ Superintendent's Office