GREENFIELD HIGH SCHOOL

Step 1

STUDENT APPLICATION FOR EARLY GRADUATION RELEASE

Directions to the Student:

Read carefully the school district policy statement Early Graduation Release, which is available in the Student Service Office. Discuss this statement and your reasons for wanting early release with your parents. If they agree to request early release for you, complete this form and give it to your counselor who will review it and contact you. This application must be returned to your counselor not later than:

____________________________

Please state your reasons for requesting Early Graduation Release and plans you have made after you are released from Greenfield High School.

_________________________________
DATE

_________________________________
STUDENT’S SIGNATURE

_________________________________
PARENT SIGNATURE
GREENFIELD HIGH SCHOOL

Step 2

Early Graduation Release Verification Meeting

Student’s Name __________________________ Date of Birth ____________

Grade Point Average ________________ Rank in Class ________________

Number of Credits earned at the end of the sixth semester _______________________

Required courses not yet completed for graduation _______________________________

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Early release is requested at the end of the 7th semester.

PARENT SIGNATURE DATE COUNSELOR SIGNATURE DATE

STUDENT SIGNATURE DATE PRINCIPAL APPROVAL DATE