

## Application for Early Graduation from High School

Student's Name: \_\_\_\_\_ School Year: \_\_\_\_\_

I hereby request permission for early graduation from Tri-County High School. Early graduation is being planned at the end of the \_\_\_\_\_ semester. If this request is approved, I understand that any end-of-semester failures in courses required for graduation automatically voids the approval. I further understand that if I am not a member of the 12<sup>th</sup> grade class, I relinquish the right to the Wisconsin Higher Education Aids Scholarship Award and all other locally generated scholarships available to 12<sup>th</sup> grade students. A student requesting graduation in January of their 12<sup>th</sup> grade year is considered a 12<sup>th</sup> grade student and is eligible for scholarships.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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The following deadline and requirements must be met before final consideration will be given to this application for early graduation. It is the student's responsibility to:

- A. Comply with application deadline in accordance with Code #345.61 Early Graduation.
- B. Complete six semesters of successful high school work.
- C. Submit a letter of approval from his/her parent or guardian. (This letter is part of the application and should be attached before consulting with the principal).
- D. Secure written verification from his/her counselor that all requirements for graduation and the board's minimum required certifiable credits for graduation can be fulfilled before the date of graduation.
- E. Consult with the principal (regarding graduation procedures, class rank, honors).

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**Verification of the Counselor**—I have consulted with this student and have verified that all requirements for graduation can be fulfilled before the date of graduation.

Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Verification of Student and Parent/Guardian**

_____ Signature of Student	_____ Signature of Parent/Guardian (only if student is under 18 at the time of filing this form)
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**Verification of the Principal** — I have consulted with this student and reviewed this application. I hereby verify eligibility for early graduation.

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Board of Education Review Date \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_