

Cove School District 15

Code: IKFA-AR
Revised/Reviewed: 11/10/81; 8/20/13
Orig. Code(s): 7430R; 7430.1R

Early Graduation

Name (Legal): _____ Age: _____ Date: _____

Address: _____ Home Phone: _____

Parents Name: _____ Home Phone: _____

Parents Address: _____ Business Phone: _____

Desired Graduation Date: _____

Reason for request and plan for accomplishing early graduation:

Method of acceleration (i.e., correspondence, night school, college, onsite post-high school plans, credit by examination, employment):

Counselor evaluation of transcript (Credits needed, requirements met, courses to be taken.):

Counselor conference recommendation: _____ Date: _____

Parent Conference _____ Date: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

Signature of Representative of Participation Agency (if appropriate)

Date: _____