

Imbler School District 11

Code: **IKFA-AR**
Revised/Reviewed: 2/01; 5/20/14
Orig. Code(s): 7435

Early Graduation

Name _____ Date _____

Address _____

Phone _____ Age _____

Parent's Name _____

Parent's Address _____

Parent's Home Phone _____ Business Phone _____

Graduation Year _____ Desired Graduation Date _____

Reason For Request and Plan for Accomplishing Graduation:

Counselor's Evaluation of Transcript (Credits needed; requirements met; courses to be taken):

Date of Counselor Conference _____ Date of Parent Conference _____

Signature of Student _____ Date _____ Signature of Parent _____ Date _____

Signature of Principal _____ Date _____ Signature of Counselor _____ Date _____

Signature of Representative _____ Date _____ Signature of Superintendent _____ Date _____

(If appropriate)