

**Klamath County
School District**

Code: **IKFA-AR**
Revised/Reviewed: 10/12/17

Request for Early Graduation

Early graduation requests must be submitted no later than October 15 of student's junior year.

Name (legal): _____ Age: _____ Date: _____

Address: _____ Home phone: _____

Parents' name(s): _____ Cell 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, on-site, post high school plans, credit by examination, employment. Please attach any documentation necessary.

Counselor Evaluation of Transcripts:

(Credits needed, requirements met, courses to be taken.)

Counselor Signature: _____ Date: _____

Parent and Student Conference with Administration: Date: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

Signature of representative of participating agency (if appropriate).
