

## EARLY GRADUATION FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Class Graduation Date: May \_\_\_\_\_ Present Credits: \_\_\_\_\_

### CLASSES NEEDED/PLAN FOR GRADUATION

_____	_____
_____	_____
_____	_____
_____	_____

\*\*Student class schedules may be altered to accommodate early graduation.  
\*\*Teachers are not expected to provide independent classes to accommodate early graduates.

#### Student Agreement

I have met with the principal and/or counselor and understand that I must follow the graduation plan in this Early Graduation Form. Failure to follow this plan or failure to pass all of the classes may result in not graduating early. Further, I understand that I may not participate in extra-curricular activities, youth options, prom, dances, clubs, or any other school sponsored event during the semester/year for which I am not an enrolled student at Colby High School.

I further understand that I may participate in the commencement ceremony for the class of \_\_\_\_\_ that will take place at the end of the school year. (Individuals who are graduating after their sixth semester at CHS will notify the counselor and/or principal by May 1<sup>st</sup> which graduation ceremony they wish to attend.)

\_\_\_\_\_  
Student Signature      Date

\_\_\_\_\_  
Parent/Guardian Signature      Date

\_\_\_\_\_  
Principal Signature      Date

\_\_\_\_\_  
Counselor Signature      Date