

HOLLY SPRINGS HIGH SCHOOL
EARLY GRADUATION REQUEST FORM

Date Received _____

Time Line to Submit Request April 15 – May 1

Notification of Approval/Denial May 1 – May 15

SECTION A

Parent Request (To be completed by student/parent and submitted to Student Services)

Student Name _____ **Date** _____

*At Holly Springs High School, students may request early graduation up to a full academic year prior to their expected graduation date.

Requested Date of Graduation (check one):

June of 20__ Summer of 20__ January of 20__

** Please Note: Commencement ceremonies will be held in January and June. January graduates are expected to participate in the January ceremony. Summer graduates will have the option to participate in the January ceremony.

My student's post-secondary plans include (check one):

4-Year College 2-Year College Military Employment Other _____

**Please attach a statement detailing student's reasons for requesting early graduation
(Include how student plans to complete remaining graduation requirements as well as
education/career plans after graduation)**

My signature verifies that I have carefully reviewed my student's records and future plans, and believe this action to be in his/her best interest. Further, I am fully aware that my student will no longer be enrolled in Wake Co. Public Schools and understand and agree to the conditions that apply to all students who graduate early, as listed below:

- After graduation, your student will have no right to participate in any extracurricular activity, including athletics, school dances, plays, clubs, etc.
- After graduation, your student will have no right to access any of the benefits available to students who are enrolled, including bus transportation, participation in the free/reduced price meal program, special education and student services.
- After graduation, your student will have no right to be on campus except as a visitor (as approved by administration) and under conditions which apply to all visitors.

Name of Parent / Guardian

Signature of Parent / Guardian

Date

SECTION B

Counselor Review (To be completed by the counselor and submitted to the Principal)

My signature verifies that I have reviewed this student's record, met with the student and/or parent, and reviewed the conditions associated with early graduation. This student is on track for graduation. Successfully completing all course work prior to the requested date of graduation will qualify him/her to graduate early.

Signature of Counselor

Date

SECTION C

Principal Resolution

Approved

Denied

Explanation: _____

Signature of Principal

Date