

**CLEAR LAKE COMMUNITY SCHOOLS
APPLICATION FOR EARLY GRADUATION**

NAME: _____

Credits to date: _____

Additional credits needed for graduation: _____

Courses needed: _____

I am aware of the rules and requirements of early graduation and request permission to participate in the program.

Date: _____
_____ Student Signature

I agree to the rules and requirements of the early graduation program and request that my son/daughter participate in the program.

Date: _____
_____ Parent/Guardian Signature

ADMINISTRATIVE APPROVAL:

Date: _____
_____ Principal Signature

Date: _____
_____ Counselor Signature

Date: _____
_____ Board of Education President Signature

Date: _____
_____ Superintendent of Schools Signature