



Chester County School District

Application for Early Graduation

Please Print

Name: _____

Date: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Student's Signature

Parent's Signature

Explain, in detail, your reason(s) for applying for Early Graduation. Include specific plans for the 2nd semester of your senior year or plan for graduation after 3 years of high school. (Use back, if needed. Write legibly.)

*Please attach documentation verifying your reason. (i.e., a letter from your employer or a college acceptance letter.) Requests without the appropriate documentation will not be considered.

*Should your request be granted, you are responsible for keeping abreast of information pertinent to seniors.

*Counselors can not guarantee that schedules will accommodate granted requests. Adjustments will be attempted, but no classes will be overloaded nor will original course selections be changed in order to accommodate a request.

*ALL information must be completed before application will be considered.

Return this application to the counselor no later than August 1st.

Do not write below this time. For administrative use only.

Date Received: _____

Credits Earned: _____

List all credits needed for graduation: _____

Approved:

Denied:

Counselor's Signature _____

Principal's Signature _____