

**HEMPFIELD SCHOOL DISTRICT
HEMPFIELD HIGH SCHOOL
Landisville Pennsylvania 17538
(717) 898-5545**

APPLICATION FOR EARLY GRADUATION

Date Issued _____

Proposed Date of Graduation _____

NAME: _____
 Last First

STUDENT # _____

BIRTHDATE: _____ AGE AT ABOVE DATE FOR GRADUATION: _____

I wish to graduate early for the following reasons:

Graduation Project Completed YES _____ NO _____

STUDENT SIGNATURE _____ Date _____

_____ has my permission to graduate from Hempfield High School at the end of the semester in which he has fulfilled all graduation requirements.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

Endorsement has been made for the above student to participate in a program of accelerated study leading to early graduation. A credit check is attached.

_____ _____ YES _____ NO _____ WITH RESERVATIONS
Counselor's Recommendation Date

_____ _____ YES _____ NO _____ WITH RESERVATIONS
House Principal's Recommendation Date

_____ _____ YES _____ NO _____ WITH RESERVATIONS
Principal's Recommendation Date

This form must be submitted one semester prior to the anticipated graduation date.

SEE ATTACHED CREDIT CHECK.