

Guilford County Schools

Request for Early Graduation

Please Print

Student Name: _____ **Student ID #** _____

Address: _____

Phone# _____ **Graduation Year** _____ **DOB:** _____

Please explain below your reason for requesting early graduation (**This section must be completed.**):

Did you receive out-of-school suspension during the 2009-2010 school year? Y _____ N _____

Did you miss more than 10 days of school during the 2009-2010 school year? Y _____ N _____

Did you play a spring sport during the 2009-2010 school year? Y _____ N _____

I affirm that the above information is true and accurate:

Student Signature

Date

Parent/Guardian Signature

Date

Notary Public

Date

Seal

For Student Services Use Only

Current number of units _____ Number of Units needed for graduation _____

Courses needed for graduation: _____, _____, _____,

_____, _____, _____,

Approved

Denied- Comments: _____

Counselor's Name (Print)

Principal's Name (Print)

Counselor's Signature

Date

Principal's Signature

Date