

Fuquay-Varina High School
Mid-Year Graduation Request

Parent Request

I hereby request permission for my son/daughter, _____, to graduate at mid-year. My signature certifies that I have communicated with my child's counselor, have carefully reviewed my child's record, and believe this action to be in his/her best interest; that I am fully aware that my child will no longer be enrolled in school and of the conditions which apply to all students who graduate early; and that I agree to these stipulations:

*He /She will have no right to participate in any extracurricular activity, including athletics, school dances, prom, plays, year end senior activities, etc.

*He/She will have no right to access any of the benefits accorded students who are enrolled, including bus transportation, participation in the free/reduced price meal program, and special education and related services.

*He / She will have no right to be on campus except as a visitor and under conditions, which apply to all visitors.

I understand that my child may be allowed to participate in graduation rehearsals and the graduation ceremony. I hereby request permission for him/her to do so.

Student's full name

Parent/Guardian Signature

Date

Application Deadline: October 1st (of the graduation school year)

Counselor Review

My signature verifies that I have reviewed this student's record, have met with the student and have reviewed the conditions associated with early graduation. The student is on track for graduation. Successfully completing all course work during the current year and Fall semester will qualify him/ her to graduate early.

Counselor

Date

Dean of Students Action

____ Approved

____ Denied

____ Conditions—see reverse side

Signature

Date

Revised 3/2013