

**FUQUAY-VARINA HIGH SCHOOL
MID-YEAR GRADUATION REQUEST**

Parent Request

I hereby request permission for my son or 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 or 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 or she will have no right to participate in any extracurricular activity, including athletics, school dances, plays, etc.
- He or 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 or 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 to do so.

Student's Full Name

Parent/Guardian Signature

Date

(This form must be submitted prior to the end of the school year preceding this request.)

Counselor Review

My signature verifies that I have reviewed this student's record, have met with the student and his or her parents, 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 or her to graduate early. *Comments--see reverse side.*

Counselor

Date

Dean of Students Action

____ Approved

____ Denied

Signature

Date

____ *Conditions—see reverse side.*