

**DONEGAL  
SCHOOL DISTRICT**

**No.217-AR-3  
ADMINISTRATIVE REGULATION  
APPROVED  
MAY 26, 2022**

**APPLICATION FOR EARLY GRADUATION**

**To be completed by the student:**

Application Date: \_\_\_\_\_

Students Name: \_\_\_\_\_

Student Present Grade Level: \_\_\_\_\_

I hereby request permission to complete my studies in the Donegal School District. Please choose one

\_\_\_\_\_ The end of the second semester of my junior year

\_\_\_\_\_ The end of the first semester of my senior year

11th graders graduating a year early understand the following:

- Students transfer to grade 12 at the end of the 1st semester.
- Students will be included in the final class ranking.
- Students will be eligible for any scholarship opportunities.
- Students will be eligible to be awarded Honors Medals presented by the School board.

12th graders graduating in January of their senior year understand the following:

- Students transcripts become final with class rank as of graduation date and noted on the transcript as such.
- Students may participate in graduation if they so choose.
- Students would not be considered for the Honors Medals presented by the school board which is determined at the end of the second semester.
- Students will be eligible for any and all scholarship offered to graduating seniors.

Student must also complete senior survey questionnaire. ([SENIOR SURVEY](#))

Students Signature: \_\_\_\_\_

**State below the reason(s) for requesting early graduation. Be very specific in your application, including your plans for the future and how early graduation will help you achieve your goals. Attach additional page(s), if necessary.**

**Parent Consent (To be completed by applicant's parent/guardian)**

We have discussed early graduation with \_\_\_\_\_ and understand the ramifications outlined on page 1 of the application. We hereby agree with his/her request.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Graduation Information (To be completed by School Counselor and Principal)**

Number of credits at the end of the present semester: \_\_\_\_\_ *Please attach a copy of the student's historical grades.*

Number of credits anticipated at the time of early graduation. *Please attach a copy of student's current class schedule.*

Number of credits needed to graduate: \_\_\_\_\_

List of specific Courses Needed to graduate: \_\_\_\_\_

*Please attach a copy of the student's current graduation progress screen.*

A review of the permanent records (attached) indicates that \_\_\_\_\_

will be able to satisfy graduation requirements, and I hereby recommend approval of his/her request.

School Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_