

EARLY GRADUATION APPLICATION 2023-24

The student completing this application has an intent to graduate early. Students, Parents, Guardians are asked to sign if he/she is in agreement with the student's decision and plan. Questions should be directed to the student's School Counselor at 717-389-1820. This application is due to Counseling Office by August 11, 2023.

Early Graduate's Information

Name: _____ Today's Date: _____
Address: _____ Date of Birth: _____
_____ Student ID#: _____
Email Address: _____

Early Graduate, please describe your reason behind your intent to graduate early? What is your plan?
Use back for more space.

Parental Guardian Consent

Parent/Guardian #1 Information

Name: _____
Address: _____

Parent/Guardian 1 Consent

By signing below, you support the student's decision to graduate at the end of Semester 1 of their senior year.
X _____ Date: _____

Parent/Guardian #2 Information

Name: _____
Address: _____

Parent/Guardian 2 Consent

By signing below, you support the student's decision to graduate at the end of Semester 1 of their senior year.
X _____ Date: _____

☐ Same address as Parent/Guardian #1

Counselor: Please list the requirements needed for Graduation.

_____	_____	_____
_____	_____	_____
_____	_____	_____

Mr. Groff's Approval _____ **Date Received:** _____