

# EARLY GRADUATION APPLICATION 2024-25

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 9, 2024.

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## Early Graduate's Information

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Student ID#: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

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## 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:** \_\_\_\_\_