

EARLY GRADUATION APPLICATION 2025-2026

The student completing this application has an intent to graduate early. Student and parents/guardians are asked to sign if they agree with the student's decision and plan. Questions should be directed to the student's school counselor 717-389-1820.

Early Graduate's Information

Name: _____

Today's Date: _____

Address: _____

Date of Birth: _____

Student ID#: _____

Email Address: _____

Describe the reason behind your intent to graduate early? What is your plan? Use the back for more space.

Parent/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 #

Counselor: List the requirements needed for graduation.

_____	_____
_____	_____
_____	_____

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