

**CAZENOVIA HIGH SCHOOL  
REQUEST FOR APPROVAL OF EARLY GRADATION**

Please complete items 1-6 and bring the completed form with you to the Student/Parent Conference.

1. Name \_\_\_\_\_ 2. DOB \_\_\_\_\_ 3. Current Grade Level \_\_\_\_\_

4. Name and address of parent/guardian:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE # \_\_\_\_\_

5. Plans after graduation: \_\_\_\_\_  
\_\_\_\_\_

6. Attach justification for requesting Early Graduation (this must be typed and written in paragraph form).

7. All Courses and Credits earned to date: **See attached transcript**

8. Current Courses

Courses to be taken

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. New York State Regents results:

English _____	US History _____	Math A _____	Global Studies _____
Science _____	2 <sup>nd</sup> Science _____	Math B _____	Foreign Language _____

10. Parental Conference held on \_\_\_\_\_

_____	_____	_____	_____
Student Signature	Date	Parent Signature	Date

11. Approved \_\_\_\_\_

Not Approved (Reason) \_\_\_\_\_  
\_\_\_\_\_

_____	_____	_____
School Counselor	High School Principal	Date