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**Willow Spring High School**

**Mid-Year/Early Graduation Request Form**

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

Student Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Student Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Graduation Plan Requested:**

\_\_\_\_ Mid-Year- January of (school year) \_\_\_\_\_\_\_\_\_

\_\_\_\_ Mid- Year- December of (school year) \_\_\_\_\_\_\_\_\_\_ **(contingent on college admission/military appointment with Jan. entrance: Must be prepared to take exams prior to Winter break)**

\_\_\_\_ Early- June of (school year) \_\_\_\_\_\_\_\_\_ **(graduation a year ahead of schedule, after 3 years)**

Reason for Request:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Conditions of Mid-Year/Early Graduation****My parent/guardian signature verifies that I have carefully reviewed my student’s records and future plans and believe this action to be in my student’s best interest.  I am fully aware that:*** During this school year, Student must remain in good standing with the school (no excessive absences, student must pass all classes enrolled and maintain a positive discipline record to remain eligible).
* Student is responsible for communicating with the college/post-secondary program to determine if early graduation is acceptable. Change of post-secondary plans will not constitute returning to school for remaining semesters.
* After graduation, student will no longer be enrolled in the Wake County Public School System.
* After graduation, student will have **no** right to participate in any extracurricular activity, including athletics, school dances, the prom, plays, clubs, etc.
* After graduation, student will have **no** right to access any of the benefits available to those who are enrolled, including bus transportation, free/reduced price meal program, special education, and student services.
* After graduation, student will have **no** right to be on campus except as a visitor as approved by the principal.
* After graduation, student will not be able to re-enroll in high school or WSHS classes.

Name of Parent / Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_             \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Parent / Guardian       Signature of Student |

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| **Counselor Review**Counselor Signature verifies that he/she has reviewed this student’s record, have met with the student, and communicated with his or her parents, and have reviewed the conditions associated with the mid-year/early graduation.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Counselor Signature Date |

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| **Principal Action**\_\_\_\_\_\_\_\_\_\_ Approved \_\_\_\_\_\_\_\_\_\_ Denied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal Signature Date |