Portage High School
EARLY GRADUATION REQUEST

Student Information:

Student Name:_____

Street Address:_____

City:_____ State:_____ Zip Code:_____

Date of Birth:_____ Home Phone: (_____)_____

Parent(s) Name:_____

Student's early graduation request, plan & parent support letter received on:_____/_____/_____

Graduation Requirements:

Grade:_____   Current Semester:_____   Cum GPA:_____*(2.5 required)*

English (4):_____   Social Studies (3):_____   Science (3):_____   Math (3):_____

Phy Ed (1.5):_____   Health (.5):_____   Personal Finance (.5):_____   Total Credits (24):_____

Number of truancies:_____   Number of unexcused absences:_____   Number of excused absences:_____

Staff Recommendations:

Principal: _____
               Print Name   *Signature*

Counselor: _____
               Print Name   *Signature*

Teacher: _____
               Print Name   *Signature*

Teacher: _____
               Print Name   *Signature*

Teacher: _____
               Print Name   *Signature*

School Board Recommendation:

Early Graduation Approved ⬦   Early Graduation Denied ⬦

If denied, reason:_____

District Administrator:_____ Date:_____
                       Signature