

Woodridge Local School District

REQUEST FOR EARLY COMPLETION OF GRADUATION REQUIREMENTS

We, the undersigned, parents of _____ give our permission for _____ to complete graduation requirements early. We understand that _____ can be included in the graduation activities.

_____ I desire to have _____ participate in graduation activities with the class of _____.

_____ I do not desire to have _____ participate in graduation activities.

We also understand that it is our child's responsibility to find out and be at all scheduled practices for graduation in order to participate.

* Signed _____ Date _____
Student

* Signed _____ Date _____
Parent

*Both Signatures Required

Request Approved _____

Principal Date

Request Rejected _____

BOARD OF EDUCATION USE ONLY

Approved

Rejected

Date

Superintendent's Signature

1/16/07