

# Woodridge Local School District

## REFERRAL FORM FOR POSSIBLE EARLY HIGH SCHOOL GRADUATION

Name of Student \_\_\_\_\_

School/Building \_\_\_\_\_ Grade \_\_\_\_\_

Referral made by (check one):

Staff Member

Parent/Guardian

Name of person making referral \_\_\_\_\_

Before a student is evaluated for early high school graduation, the principal (or his/her designee) of the school to which the child may be admitted shall obtain written permission from the child's parent/guardian.

Return this form to the building principal.

6/08