CLINTON PRAIRIE JR/SR HIGH SCHOOL

EARLY GRADUATION APPLICATION

Kirsten R. Clark
Principal

2400 S County Road 450 W
Frankfort Indiana 46041-7413
Telephone: 765-659-3305 Fax: 765-659-3205

Luke Harlow
Assistant Principal

Application must be completed and returned to the School Counseling office by August 10, 2023, to be considered for the 2023-2024 school year.

Student Section

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Date of Birth: _____

I am applying for early graduation: _____ After First Semester of my Senior year (7 semesters)

_____ After Second Semester of my Junior year (6 semesters)

Do you plan on participating in the Graduation Ceremony? _____ Yes _____ No

Please type a formal letter to the high school principal explaining the reason for the request to graduate early. Include the following prompts in your letter. Be specific.

1. State your reason(s) for requesting early graduation and future career goals.

2. State your plans for the immediate semester or year following early graduation.

_____ _____
Student Signature Date

For students graduating after Junior Year only:
Graduating after your second semester of junior year requires students to meet certain criteria.

You must be able to check **both** statements below:

_____ I will earn at least the Core 40 diploma

_____ I have met the minimum benchmarks for the SAT graduation exam

Additionally, you must meet **one** of the following criteria. Please check the one that best fits your situation:

_____ I plan on attending a college or technical school at:
(1st Choice)_____or (2nd Choice)_____

Start date: _____

Please note that we encourage college-bound students to complete a full year of courses during their senior year.

_____ I will be enlisting in the following branch of the military: _____

Start date: _____

_____ I have circumstances making it unlikely that I will graduate at all if not allowed to accelerate the pace.

Parent/Guardian Section

I, _____ approve _____ disapprove of my student's request for early graduation.

_____ _____
Parent Signature Date

Academic Review Committee

This student has met or will have met ALL of CPHS and the State of Indiana's requirements for graduation by the following date: _____.

I, _____ approve _____ disapprove this student's request for early graduation.

_____ _____

Counselor Signature Date

This student has met or will have met ALL of CPHS and the State of Indiana's requirements for graduation by the following date: _____.

I, _____ approve _____ disapprove this student's request for early graduation.

_____ _____

Second Counselor Signature Date

I, _____ approve _____ disapprove this student's request for early graduation.

_____ _____

Principal Signature Date

_____ Student has been given Mitch Daniels Early Graduation Scholarship information.

_____ Student has been given resources and has had a conversation with their counselor about the pros and cons of graduating early.

_____Phone or in-person meeting was completed with a parent or guardian, and they are aware this application has been filled out by their student.

_____Follow up email has been sent with details discussed in phone or in-person meeting.