

Manheim Township High School Application for Early Admission in Lieu of Senior Year School Board Policy No. 124

This application should be completed for students interested in attending a 2 or 4-year college/institution during their senior year of high school. *The <u>student's graduation plan</u> must accompany this request.

To access this privilege, a student must:	
1 – Complete this application with the required signatures	
2 – Be in good academic standing	
3 – The student must fulfill or be "on track" to meet graduation requirements includi	•
☐ Chapter 339 Artifacts (in coordination with the student's counselor) ☐ Act 158 Graduation Pathway (list pathway)	
Act 158 Graduation Pathway (list pathway)	0
☐ Completion of Civics Exam (Act 35) (date 4 - Indicate any senior year courses that are waived due to enrollment in a 2 or 4-year	of exam)
4 - Indicate any senior year courses that are waived due to enrollment in a 2 or 4-year	r college institution:
5 - A complete application must also contain a proposed course schedule for semeste	ers I & II
6 - Upon successful completion of 24 credit hours within 1st year of enrollment, pres	
official transcript to the principal for review to be awarded a high school diplom	a.
Student Name (Print):	_
I hereby request permission to attend, w	hich is an accredited 2 o
4-year college, in lieu of my senior year at Manheim Township High School.	
 If permission is granted, I understand that I must successfully complete at learemedial coursework during the year and submit an official transcript to the acceptance. 	
 A mid-year check-in is required as part of the acceptance of this request. 	
• I understand that if I do not complete the 24 credit hours during my senior ye	ear, I will be required to
complete the previously waived/exempted courses to meet graduation requir	· -
 All signatures below are required for this application to be considered complianceptance of the request for Early Admission in Lieu of Senior Year. 	
Student's Signature/Date	
Parent's Signature/Date	
School Counselor's Signature/Date	



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High School Principal (Signature and Date)	 ☐ I support this plan ☐ I do not support this plan ☐ I could support this plan with the following additional information
Director of Curriculum & Instruction (Signature and Date)	 ☐ I support this plan ☐ I do not support this plan ☐ I could support this plan with the following additional information
Assistant Superintendent (Signature and Date)	 ☐ I support this plan ☐ I do not support this plan ☐ I could support this plan with the following additional information
Date of midyear check-in:	

All documentation will be returned to the student's school counselor upon review. The school counselor will communicate the status of this request with the student. A copy of the approved plan will be provided to the Office of Student Services.