



Manheim Township High School

Application for Early Graduation School Board Policy No. 217

Student's Name (Please print legibly): _____

To be considered for early graduation, a student must submit the following documentation:

- ☐ The fourth year of high school shall not be required for graduation if a student has completed all requirements for graduation and attends a post secondary institution as a full-time student.
- ☐ This form (with required student and parent/guardian signatures below) to the principal by October 1st of their third year of high school.
- ☐ A written request by the student including the reason for early graduation, how all graduation requirements will be met, and indicate the post-secondary institution that the student will be attending as a full-time student (include acceptance letter).
- ☐ School counselor will include the [student's graduation plan](#) (includes plan for the completion of all graduation requirements) & student transcript.
- ☐ School counselor's and principal's signatures verifying that, after review of the student request, graduation plan, and the transcript, early graduation can be attained, upon successful completion of all course work and graduation requirements.

Student Signature

Date

Parent/Guardian Signature

Date

School Counselor Signature

Date

Principal Signature

Date

- ☐ Application and supporting documents sent to the Office of Curriculum & Instruction for consideration of approval.

MTSD Office of Curriculum & Instruction, 2/22/2024

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Please see the signatures and comments below to indicate the status of the request.

Student's Name: _____

Graduation Year Request: _____

- ☐ If approved, I would like to participate in the Graduation Ceremony at the conclusion of my junior year of high school.

Director of Curriculum & Instruction:

- ☐ I support this plan.
☐ I do not support this plan.
☐ I could support this plan with the following additional information:

Signature: _____ Date: _____

Assistant Superintendent:

- ☐ I support this plan.
☐ I do not support this plan.
☐ I could support this plan with the following additional information:

Signature: _____ Date: _____

Superintendent:

- ☐ I support this plan.
☐ I do not support this plan.
☐ I could support this plan with the following additional information:

Signature: _____ Date: _____

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.

MTSD Office of Curriculum & Instruction, 2023-2024