

**CLOVIS UNIFIED
SCHOOL DISTRICT**

INSTRUCTION

Instructional Program

HIGH SCHOOL GRADUATION REQUIREMENTSEARLY GRADUATION PETITION

The Early Graduation Petition form is set forth on the following pages and shall be used in accordance with Board Policy No. 6146.1.

Adopted: 01/08/2003

Reviewed: 01/23/2008

Amended: 04/29/2009, 05/20/2013, 01/27/2016, 08/16/2021 (EXH 3209 renumbered as EXH 6146.1)

Doc# 46361-3 (08/2021, None)



**EXHIBIT 6146.1
EARLY GRADUATION PETITION**

This form is for comprehensive high schools only and must be submitted by no later than May 1 of the school year prior to the early graduation date. In order to create a plan for early graduation, it is recommended that you contact your counselor before the end of your freshman year.

1. Please ***select one*** to indicate the early graduation date: ___ December 20 ___ June 20

2. Name (Last, First, Middle): _____

Address: _____

Telephone No: _____ Alternate Telephone No.: _____

SID #: _____ Date: _____

High School Attending: _____

3. In the space provided below, please state your reasons for requesting early graduation. Indicate your acceptance for employment, college, military service or any other reasons.

4. I fully understand that this petition will be screened and that approval is not automatic. I understand that, if approved, during the final semesters I must:

- a. Complete all courses with passing grades.
- b. Maintain good citizenship, which includes but is not limited to, no temporary removals/suspensions from school.
- c. Not violate the school’s excessive absence list policy (absent 20% or more of the time).
- d. Realize that my parents and I are responsible for all information regarding scholarship applications and deadlines.
- e. Complete all graduation requirements as stated in CUSD Course Description Booklet and Board Policy No. 6146.1 – High School Graduation Requirements.

5. **If approved for December graduation, I understand that I may not participate in any senior activities during the spring semester, such as the Senior Picnic, Baccalaureate, or June commencement.** I further understand that the District may deny or rescind its approval if a review of my academic progress through the remaining semesters indicates that final clearance should be denied.

6. **If I wish to cancel this petition and remain in school during the subsequent semester(s), I must provide written notice to the District before the last day of school of the prior school year.**

By signing below, we have carefully reviewed this petition and understand and agree to its provisions.

Signature of Student: _____

PARENT/GUARDIAN SIGNATURE *(BOTH parents/guardians must sign if applicable)*

Signature of Parent/Guardian

Signature of Parent/Guardian

Print Name

Print Name

TO BE COMPLETED BY SCHOOL

COUNSELOR'S STATEMENT: (Number of units, deficiencies, etc.)

Number of units required: _____

Number of units completed: _____

Courses to be completed for graduation (*must attach detailed course plan*)

Signature of Counselor: _____

Date: _____

Print Name: _____

Head Counselor Approval: _____

Date: _____

Print Name: _____

Deputy Principal Approval: _____

Date: _____

Print Name: _____

REGISTRAR

Transcript must be attached:

Signature of Registrar: _____

Date: _____

Print Name: _____

Copy to: Counselor
Registrar
Deputy Principal
Area Assistant Superintendent
Associate Superintendent, School Leadership

Doc# 46361-3 (08/2021, None)