

**PUTNAM COUNTY SCHOOLS  
APPLICATION FOR EARLY GRADUATION**

**THIS FORM MUST BE COMPLETED AND APPROVED BEFORE  
A HIGH SCHOOL DIPLOMA WILL BE GRANTED  
*School Board Policy 4.6051 Early Graduation***

SCHOOL NAME \_\_\_\_\_

STUDENT \_\_\_\_\_ APPLICATION DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_\_ PRESENT GRADE LEVEL \_\_\_\_\_

Number of high school credits to date: Transferred \_\_\_\_\_ + CHS \_\_\_\_\_ =Total \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_

Request Graduation with Class Of /Date \_\_\_\_\_ / \_\_\_\_\_  
(Class) (Date)

Participate in graduation ceremony? YES NO (circle one)

Participate in Prom? YES NO (circle one)

.....  
**APPLICATION STEPS:**

\_\_\_\_\_ Completed intent to graduate early form

\_\_\_\_\_ Clearance of all requirements/credits

Future Plans  
\_\_\_\_\_

I understand upon meeting all requirements and submitting this document, I will not be allowed to attend any Putnam County High Schools.

Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

\*\*\*\*\*

Date \_\_\_\_\_

Counselor \_\_\_\_\_ Approve/Do Not Approve

Date \_\_\_\_\_

Assistant Principal \_\_\_\_\_ Approve/Do Not Approve

Date \_\_\_\_\_

Principal \_\_\_\_\_ Approve/Do Not Approve