

**PTHS EARLY GRADUATION
Student's Intent to Graduate Early**

Date: _____

Name: _____

ID # _____

Address: _____

Phone # _____

Email _____

Student's Current Grade: _____

Please be advised of my intent to graduate early. I understand that I must meet both the district and the state's requirements for graduation. A student must also meet all state assessment requirements for graduation.

Proposed graduation date _____

Student Signature

Date

Parent Signature

Date