

24-CREDIT DIPLOMA APPLICATION

Date of	Application:		
School:			
	Information		
F	Full Name:		Phone:
9	Student Number:		Current Grade:
A	Address:		
Parent/0	Guardian Information		
1	Name:		Phone:
A	Address:		
Please e	explain why this application is being made and provide details of the plan.		
state co student student	tand that if a student is on-tra re requirements and are not e will not be able to walk at his, will receive a "Valley High Sch graduation ceremony.	ligible for early gradu her local high school	ation. I understand that my graduation ceremony. My
Student S	ignature	Parent/Guardian	Signature
Counselo	r Signature	Principal Signatur	e
 Administr	ator of Schools Signature		