

## **24-CREDIT DIPLOMA APPLICATION**

Date o	of Application:	
Schoo	l:	
	nt Information	
	Full Name:	Phone:
	Student Number:	Current Grade:
	Address:	
Paren	t/Guardian Information	
	Name:	Phone:
	Address:	
Please	e explain why this application is l	peing made and provide details of the plan.
state o stude stude	core requirements and are not e nt will not be able to walk at his,	ick to receive a 24-credit diploma, they must meet ligible for early graduation. I understand that my her local high school graduation ceremony. My lool" diploma and may walk at the Valley High
Studen	t Signature	Parent/Guardian Signature
Counse	elor Signature	Principal Signature
 Admini	strator of Schools Signature	