

OTTAWA-GLANDORF SCHOOLS

Form 5464

REQUEST FOR EARLY COMPLETION OF GRADUATION REQUIREMENTS

STUDENT INFORMATION

We, the undersigned, parents of _____
give our permission for _____
to complete graduation requirements early. We understand that our child can be included in the graduation activities.

_____ I desire to have our child participate in graduation activities with the Class of _____.

_____ I do not desire to have our child participate in graduation activities.

We also understand that it is our child's responsibility to find out and be at all scheduled practices for graduation in order to participate.

Student Signature _____ *Date* _____

Parent/Guardian Signature _____ *Date* _____

APPROVAL

THIS SECTION IS TO BE COMPLETED BY OTTAWA-GLANDORF SCHOOLS.

Date Paperwork Received _____

REQUEST APPROVED _____ REQUEST REJECTED _____

Principal's Signature _____ *Date* _____

REQUEST APPROVED _____ REQUEST REJECTED _____

Superintendent's Signature _____ *Date* _____