



APPLICATION FOR EARLY GRADUATION GRADES 9-12
 Academic Placement

Name of Student _____ Age _____
 School _____ Date of Birth _____ Grade _____
 Total time in current school _____ Total years in school _____

1. Results of the most recently administered Iowa Tests of Educational Development (ITED). The composite score must be at the 85 percentile.

Level _____	Date test was given _____
Battery _____	Written Composition _____
Math Battery _____	Sources _____
Math Computation _____	Social Studies _____
Math Total _____	Sciences _____
Battery Composition _____	Cumulative GPA (min. of 3.5) _____
ACT Score (min. of 28) _____	SAT Score (min. of 1,290) _____

2. Include proposed academic classes for early graduation.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

After carefully evaluating the above factors, I recommend this student for early graduation and will follow the plan as outlined.

_____ Date _____ Principal's Signature

We have discussed with the school personnel the program of early graduation for our child and accept the responsibility for this decision.

_____ Date _____ Parent/Guardian Signature

I have discussed early graduation with my parents and principal and I am willing to cooperate with the program and do any work that may be required.

_____ Date _____ Student's Signature

In accordance with the policies of the Pacific Union Conference, Education Code C27-116, permission is hereby given to accelerate the above student.

_____ Date _____ Associate Superintendent of Schools