JEFFERSON FOREST HIGH SCHOOL GÜIDANCE DEPARTMENT

CONSENT FORM (EARLY GRADUATION)

has (Student's Name)	s my permission to graduate earlier than
originally planned. I understand that the	his will involve my child taking an accelerated
program which may include summer scho	ool. I am also aware that the course overload
may result in academic difficulty or failu	ire. I understand that in addition to taking and
passing all required courses, all required	SOL tests must be passed in order to graduate.
Comments:	
(Student Signature)	(Parent Signature)
(Schoduled Confirming)	
(Scheduled Graduation Date)	(Principal Signature)
(Requested Graduation Date)	(Counselor Signature)

graduation:	
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es Needed to Graduate / Where to be Taken	SOL's Needed to Graduate / Date to be
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