



**APPLICATION FOR EARLY GRADUATION (Classes of 2007 to 2012)
INDEPENDENT SCHOOL DISTRICT OF BOISE CITY**

SCHOOL _____

Student Name (please print) _____ has completed _____ semester credits and will have completed a total of 46 semester credits, as required for graduation by _____ (date).

MAPP Eligible: Yes No Uncertain (Please circle one) Grade Skip: Yes Which Grade: _____

<i>SUBJECT</i>	<i>DISTRICT REQ. SEM. CREDITS</i>	<i># CREDITS COMPLETED</i>	<i>#CREDITS NEEDED/ COMPLETION DATE</i>
<i>ENGLISH</i>	<i>8</i>		
<i>READING</i>	<i>1</i>		
<i>SPEECH</i>	<i>1</i>		
<i>SCIENCE (2 credits lab needed; see specific course requirements)</i>	<i>6</i>		
<i>MATHEMATICS (incl. algebra requirement)</i>	<i>4</i>		
<i>ECONOMICS</i>	<i>1</i>		
<i>US HISTORY 9 (Humanities)</i>	<i>2</i>		
<i>P.E.</i>	<i>2</i>		
<i>HEALTH</i>	<i>1</i>		
<i>U.S HISTORY 11</i>	<i>2</i>		
<i>U.S. GOVERNMENT</i>	<i>2</i>		
<i>ELECTIVES</i>	<i>16</i>		
<i>TOTAL</i>	<i>46</i>		

STUDENT CERTIFICATION: I certify that the above information is true and correct and hereby petition the Boise School District for early graduation.

DO YOU PLAN TO PARTICIPATE IN THE GRADUATION CEREMONY? YES ___ NO ___

INTENDED GRADUATION: WINTER _____ SPRING _____ SUMMER _____

STUDENT SIGNATURE _____ **DATE** _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

DISTRICT CERTIFICATION: The above-named student will have completed Boise School District high school graduation requirements by the date shown above. To participate in graduation exercises, all course work must be completed and grades issued prior to the end of the semester in which the student graduates. This petition for early graduation has been reviewed and is endorsed and approved by the Boise School District.

COUNSELOR SIGNATURE _____ **DATE** _____

PRINCIPAL SIGNATURE _____ **DATE** _____

BOARD PRESIDENT SIGNATURE _____

OCTOBER 30 FOR FIRST SEMESTER APRIL 1 FOR SECOND SEMESTER MAY 15 FOR SUMMER

Following the intended date of graduation, counselor should mark appropriate response and submit a semester summary report to Administrator of Instruction. Counselors may consolidate the data into a single report.
The above-named student did _____ did not _____ graduate on (date) _____ as intended.

RETURN THIS FORM TO THE ADMINISTRATOR OF INSTRUCTION ON THE DATES LISTED ABOVE