

Archbold Local Schools

Early Graduation Referral Form

Student's Name _____
Last First Middle Initial

Date of Birth ____/____/____ Select One: ____ Male ____ Female
Month Day Year

School _____ Current Grade ____ Accelerated Grade ____

Parent (s) or Legal Guardian _____

Address _____

Phone: _____
HOME CELL WORK

Email: _____

Standard year of graduation: _____

Projected month/year of early graduation: _____

Referred by:

- Student
- Teacher
- Parent
- Legal Guardian
- Other (Specify)

Signature of Person Initiating Referral

Phone

____/____/____
mm/dd/yyyy

Please return completed form to the building principal.

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Early Graduation Referral Form

Student's Name _____

Please document courses which the student has completed, below:

Use back of document or additional page, if necessary.

English/Reading _____

Mathematics _____

Social Studies _____

Science _____

Visual & Performing Arts _____

Technology _____

Other _____

TOTAL Credit Hours completed: _____

Please document courses which the student needs to complete, below:

English/Reading _____

Mathematics _____

Social Studies _____

Science _____

Visual & Performing Arts _____

Technology _____

Other _____

TOTAL Credit Hours yet to be completed: _____

Please return completed form to the building principal.