**Prairie Heights High School**



**0245 S. 1150 E.**

**LaGrange, IN 46761**

 ***(260) 351-3214 or (800) 800-9596***

 ***Mr. Jeremy Swander, Principal FAX: (260) 351-3848 Mr. Damon Witherspoon, Assistant Principal***

PRAIRIE HEIGHTS HIGH SCHOOL

Seventh Semester Waiver Application

BOE Policy 6400 requires:

*\*Students complete eight (8) semesters of study to graduate. Termination after seven (7) semesters will only be permitted with approval of a waiver application by the high school principal…[The application] will require a student to provide a specific plan, meet minimum criteria, or document a hardship case.”*

To satisfy this requirement, a student and his/her parents must complete this application in full and return it to the high school principal by the designated application deadline date.

Fill in the following information. You must also attach a statement including the reasons for this early graduation request. This should include a specific plan and be accompanied by any material that would administration in deciding whether to grant your request. For example, if a college application has been submitted and accepted by an accredited postsecondary institution, please attach a copy of this documentation.

Application deadline: Friday, March 23, 2018

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of credits earned by end of junior year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Courses still required for graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place a check mark next to each test the student has passed: English \_\_\_\_\_\_\_\_\_\_\_\_ Math \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Parent/Guardian Signature(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Counselor’s Signature Principal’s Signature

CC: Principal

 Assistant Principal