



**ALLATOONA HIGH SCHOOL
EARLY GRADUATION INTENT FORM
2022-2023**

For Counseling Use Only

Received by: _____
 Date: ___/___/___ Time: ___:___ AM PM
 December (Senior) May (Junior)

Student Name _____

Student ID # _____

Both the student **AND** parent must initial each item below **AND** sign at the bottom of the form. Please review each item very carefully.

Student/Parent Initials

- _____/_____ 1. This form does **NOT** guarantee placement in the courses needed for early graduation.
- _____/_____ 2. Space in required classes is limited. **IF** space allows, I understand that class changes will be made no later than Day 10 of the semester. The student will be responsible for making up all missed work.
- _____/_____ 3. If you fail any classes first semester, there is no guarantee that you will be able to repeat those classes in a face-to-face setting during second semester.
- _____/_____ 4. A student cannot return to take additional courses once graduation requirements have been met.
- _____/_____ 5. It is the student's responsibility to obtain information related to graduation and to make arrangements to attend practices. Students who do not attend **ALL** practices will **NOT** be permitted to participate in the graduation ceremony.
- _____/_____ 6. December Grads: Transcripts will be available after the final fall term grades are entered. However, I understand that diplomas will NOT be available until the end of the school year.
- _____/_____ 7. December Grads: **Financial Aid is limited for students entering college mid-year.** HOPE tuition is not typically available in January. Some colleges will reimburse spring term tuition once the correct HOPE enrollment verification forms are filed and verified with the Georgia Student Finance Commission. Information is located on www.gafutures.org.
- _____/_____ 8. I understand and agree to abide by all of the above criteria.

Upon completion of and return of this form, the counselor will meet with the student to discuss early graduation requirements and eligibility.

_____ Student Signature	_____/_____/_____ Date	(_____)_____-_____ Student Phone Number
_____ Parent Signature	_____/_____/_____ Date	(_____)_____-_____ Parent Phone Number
_____ Counselor Signature	_____/_____/_____ Date	