## **Concord High School**

## **Early Graduation or Flex Request Application**

(Last Name)	(First Name)	(Student ID#)
The student must read and initial ea signatures below indicate your ackn flexing options.		
Initial the following statements:		
Completing this application	does not guarantee this request w	vill be granted.
taken in the senior year.	of courses in the senior year may	
Many colleges and employed poor work ethic.	ers view anything less than a full	_
The course selections may in choose other courses to make	make this request impossible and ke this option possible.	or students may need to
I have reviewed my remaining not keep me from meeting t	ing graduation requirements and hem. onsible for transportation on and o	•
1	campus without an assigned class	ss period is not allowed.
If I am flexing in and arrive rings.	early, I will wait only in the Cor	nmons Area until the bell
My signature below confirms that I choice. Please check the requested		ks and limitations of my
I would like to graduate e	arly.	
I would like to flex one or	more classes.	
Student Signature		Date
By signing below, I as a parent or lestatements and give my permission		
Parent or Guardian Sign		 Date