

**PARENT REQUEST FOR SUPERINTENDENT DETERMINATION OF
GRADUATION WITH A LOCAL DIPLOMA
MODEL FORM¹**

Student's name:	School District/Charter School/Registered Nonpublic High School:
Student's Date of Birth:	Name of High School Student Attends:
Name of Parent or Legal Guardian:	Address:
Daytime Telephone Number:	Email Address:

Dear _____:
Principal, Committee on Special Education Chairperson or Superintendent

This letter is to formally request that my child _____ (student's name) be considered for the superintendent determination option and that his/her academic records be reviewed to determine if he/she meets the conditions for the superintendent determination and has otherwise met the standards for graduation with a local diploma.

Sincerely,

Parent Signature

Date

Parent's Name (print)

¹This is a model form that can be used for the purpose of requesting the Superintendent Determination; however, a written request in any form is acceptable for the purpose of submitting such request.