

**Parent Request for Superintendent Determination Option for
Graduation with a Local Diploma (Sample Form¹)**

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

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

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 of Graduation with a Local Diploma and has otherwise met the
standards for graduation with a local diploma.

Sincerely,

Parent/Guardian Signature

Date

Parent/Guardian Name (print)

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