

**Parent Request for Superintendent Determination Option for  
Graduation with a Local Diploma (Sample Form<sup>1</sup>)**

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)

<sup>1</sup> 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.