



ADMINISTRATIVE FORM 6221
FIFTH YEAR SENIOR APPLICATION

Student must be scheduled into sufficient courses to earn appropriate credit(s) and 2/3 of the academic load (5 courses for schools with a 7-period schedule and 4 courses for schools with a 6-period schedule) to be counted for apportionment.

Date: _____

I, _____, ID # _____, wish to be considered as a fifth-year student for the _____ / _____ school year.

Grade level: _____ Number of credits: _____ Birth date: _____

PARTICIPATED IN THE FOLLOWING ASSESSMENTS:

- College and Career Readiness Assessment
- Civics Exam

My graduation plan for the _____ / _____ school year will include these courses:
(Please attach an unofficial transcript and schedule of current classes.)

Fall Semester	Spring Semester
1.	
2.	
3.	
4.	
5.	
6.	
7.	
Other:	

The following signatures must be completed prior to final approval

Counselor (verification of graduation status including HSPE, _____
course enrollment)

Registrar (verification of graduation status) _____

Principal or Principal's Designee Approval _____

Scholarship Advisor (regarding receiving information) _____

Yearbook Advisor (regarding senior pictures) _____

Other: _____

I understand that it is my responsibility to contact all of the individuals listed above and to secure any required documents. I also understand approval of this application does not guarantee my graduation and that is my responsibility to successfully complete all course work/credits. As a fifth-year student, I understand that I will be considered a regular student and be bound by all district and school rules and regulations.

Student Signature

Parent Signature

Please print or type this information:

Student Name: _____

Student Address: _____

Student Phone: _____

Parent Phone: _____

Student will be notified no later than the end of April as to the status of this application to return as a fifth-year student.