



## Graduation Pathways Opt-In Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Cohort year (graduation): \_\_\_\_\_

With my signature below,

- I am indicating my decision to opt into and complete Graduation Pathways requirements to earn my high school diploma.
- I understand the timeframe in which I need to complete all of the activities and the commitment is something I agree to.
- I understand that I need to manage and communicate the completion of the buckets and that I understand how to do that.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guidance Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_