

Name: _____ Counselor: _____

Student ID: _____

WEST FORSYTH HIGH SCHOOL GRADUATION CONTRACT
2024 Cohort

- Please print your name clearly and exactly as it appears on your birth certificate.
- This form is a personalized document that details all courses required to meet WSFCS Graduation Requirements.
- The courses listed are subject to change pending student performance during 1st semester.

***NOTE*: This form should be returned by October 2.**

* _____
(First Name) (Middle Name) (Last Name - including Jr. III, etc.)

GRADUATION REQUIREMENTS

Course of Study: _____ CTE Completer: _____

I understand that I must pass the following courses to meet WSFCS Graduation Requirements. The graduation requirements have been reviewed and explained to me. Graduation requirements for the *Class of 2024* are listed on the West Forsyth Student Services website.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Signature: _____ Date: _____

Parents: Please sign to confirm acknowledgement of the remaining graduation requirements and the proper spelling of your student's legal name **as it appears on the birth certificate.**

Parent/Guardian Signature: _____ Date: _____