

Instruction

Exhibit – Graduation Certificate of Completion

**Granite City Community Unit
School District #9**

ADMINISTRATIVE OFFICES
1947 ADAMS
GRANITE CITY, ILLINOIS
62040-3397

*Jim Greenwald,
Superintendent*

*(618) 451-5800
Fax (618) 451-6135*

****Date****

(Student's and Parent's Names and Address(es))

RE: UPCOMING GRADUATION CEREMONY – CERTIFICATE OF COMPLETION

Dear (Student/Parents):

Your student, (name of student), will have completed four years of high school at the end of this school year and is eligible to participate with (his/her) graduating class in the graduation ceremony to be held on (date). As (name of student) has not yet met the requirements for a regular high school diploma and (his/her) IEP calls for (student) to receive special education, transition planning, transition or related services beyond the four years of school that (he/she) has completed, (student) will be given a "certificate of completion" at the graduation ceremony. (Student)'s participation in this ceremony and receipt of a certificate of completion will not result in a termination of (her/her) eligibility to receive special education and related services. These services will continue, as per (his/her) IEP and applicable Federal and State laws.

We are enclosing information regarding the graduation ceremony; copies of the Board's Policy and Administrative Procedures regarding (name of student)'s participation in the ceremony are also available upon request. If you have any questions regarding (name of student)'s participation and /or receipt of a certificate of completion, please call either (name and contact information of school contact regarding graduation), or (name and contact information of Special Education Coordinator).

Very truly yours,

High School Principal

Adopted: 3/14/2005

Renumbered: 11/6/2019