

PRINCIPAL'S CERTIFICATION OF GRADUATES

School Name:

As principal of _______ High School, I certify that all students who received diplomas (attach list of graduates) or certificates of completion, except those listed below, have completed all San Diego Unified School District graduation requirements as defined in Administrative Regulation 6146 and that graduation status data were promptly and correctly entered into the district's data system (within two weeks) of **each** of the graduation specified below:

Mid-Year	Yes	(attach list, early grads only)	None	Date:
June	Yes	(attach Grad Doc, with all)	None	Date:
Summer	Yes	(attach list of summer grads & Grad Doc)	None	Date:

WAIVERS TO DISTRICT HIGH SCHOOL GRADUATION REQUIREMENTS

The following students enrolled at ______High School, were granted waivers for the specific graduation requirement(s) listed below and individualized documentation has been placed in the student's cumulative records folder at the school site.

Student Full Name (Last, First)	Student ID	Specific Graduation Requirement	Rationale (Explanation)	Other Diploma Type (if applicable)

*The_*Principal's Certification of Graduates* form must be completed and submitted promptly within two weeks of <u>each</u> term/graduation (each quarter, mid-year, June, and by August 31st for Summer School). State-mandated coursework as outlined in Education Code section 51225.3 item (a)(1) may not be waived. Waivers to requirements adopted by the governing board of the school district may be granted in specific cases with compelling circumstances. With the Area Superintendent's approval, the Principal has the authority to grant waivers and will make the determination in each case.

A list of graduates for each quarter and semester one must be submitted with this form or indicate "none."

*Other diploma types include: Military Interstate Compact (MIC), students who qualify under: AB167/216, AB 1806, AB 2306, AB 365, AB 2121, SDCE and SDUSD Joint Adult High School Diploma students, or SB 172 CAHSEE.

Principal's Name (Please Print)	Signature	Date	
Area Superintendent's Name (Please Print)	Signature	Date	
Submit for ap	oproval after each term to:		
Office of I	Leadership & Learning,		
Attn: V. Ortega at em	ail: secondary schools@sandi.net.		

Retain signed document at the school site