



## Parent Request for Superintendent Determination of Graduation with a Local Diploma

Student's name:	School District: <b>Lackawanna City School District</b>
Student's Date of Birth:	Name of High School Student Attends: <b>Lackawanna High School</b>
Name of Parent or Legal Guardian:	Address of School: <b>500 Martin Rd, Lackawanna, NY 14218</b>
Daytime Telephone Number:	Principal's Name and Email: <b>Deborah Biastre, Principal dbiastre@lackawannaschools.org</b>

Dear \_\_\_\_\_  
(Principal, Committee on Special Education Chairperson or Superintendent)

This letter is to formally request that my child (indicated below) be considered for the superintendent determination option and that my child's academic records be reviewed to determine if the academic records meet the conditions for the superintendent determination and have otherwise met the standards for graduation with a local diploma.

Sincerely,

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Name (print)