

**DIPLOMA FORM - CABRINI HIGH SCHOOL**

**\*PLEASE COMPLETE THIS FORM WITH THE NAME THAT YOU WOULD LIKE TO APPEAR ON YOUR DIPLOMA. THIS FORM MUST BE SIGNED BY YOU AND A PARENT/GUARDIAN.**

**Please Print**

WE SUGGEST THAT ALL STUDENTS CONSULT WITH THEIR PARENT/GUARDIAN ON THE NAME THAT IS TO APPEAR ON THE STUDENT'S DIPLOMA.

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First

Middle

Last

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Student Signature

Parent/Guardian Signature

\*PLEASE LIST YOUR HEIGHT AND WEIGHT FOR THE GRADUATION GOWN:

\_\_\_\_\_ HEIGHT      \_\_\_\_\_ WEIGHT

\*PLEASE **PRINT** THE NAME THAT YOU WOULD LIKE **TO BE READ** AT THE GRADUATION CEREMONY:

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