



DIPLOMA FORM

*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.

First

Middle

Last

Student Signature

Parent/Guardian Signature

*PLEASE LIST YOUR HEIGHT FOR THE GRADUATION GOWN:

_____ HEIGHT

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