



*Social Circle City Schools*  
 CARING COMMUNITY. PREMIER ACHIEVEMENT.

**O.C.G.A. §20-2-281.1 PETITION FORM**

**Student Information**

Student's Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

Did the student go by any other name in high school? \_\_\_\_\_ If yes, what name? \_\_\_\_\_

Date of Birth \_\_\_\_\_ State ID Number/Last 4 digits of SSN \_\_\_\_\_ Gender \_\_\_\_\_

Name of High School \_\_\_\_\_ Expected Year of Graduation \_\_\_\_\_

If eligible, I prefer to receive my diploma: \_\_\_ in person; \_\_\_ by mail; \_\_\_ in a ceremony

**I verify the above information is complete and accurate.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You may submit the completed, signed form along with a copy of some type of photo ID in any one of the following ways:

**By Mail or In Person:**  
 Social Circle High School  
 Attn: Counseling Office  
 154 Alcova Drive  
 Social Circle, GA 30025

**By Fax:**  
 770-464-2612

-----**FOR OFFICE USE ONLY**-----

The petitioner has met the requirements to receive a regular high school diploma.

The petitioner has not met the requirements to receive a regular high school diploma.

Signature \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_