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**