

**GORDON COUNTY SCHOOLS**  
**PETITION FOR DIPLOMA UNDER O.C.G.A. § 20-2-281.1**

If submitting a petition by mail, include a scanned/copied image of the student's government issued photo identification. Incomplete information may delay processing. Submit this completed, signed form by mail or in person to: GORDON COUNTY SCHOOLS, ATTN: MIKE EVELTI, 205 WARRIOR PATH, CAHOUN, GA 30701

**Student Information**

Legal Name as it would appear on student records:

\_\_\_\_\_ *Last* \_\_\_\_\_ *First* \_\_\_\_\_ *M.I.*

Address:

\_\_\_\_\_ *Street Address* \_\_\_\_\_ *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Last 4 of SSN or State Issued ID #: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Year Student Entered 9<sup>th</sup> grade: \_\_\_\_\_ Year Student Would Have Graduated: \_\_\_\_\_

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

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Primary Contact Information**

CHECK HERE IF SAME AS STUDENT LISTED ABOVE

Full Name:

\_\_\_\_\_ *Last* \_\_\_\_\_ *First* \_\_\_\_\_ *M.I.*

Address:

\_\_\_\_\_ *Street Address* \_\_\_\_\_ *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**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