

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

Please complete the following form if you are a former student in the Clarke County School District who completed all coursework but failed to pass one or more portions of the Georgia High School Graduation Tests, the Georgia High School Writing Test or their predecessors. Your eligibility to receive a high school diploma pursuant to O.C.G.A. § 20-2-281.1 will be based on the graduation requirements in effect the year you first entered ninth grade. After you have completed this petition, a counselor will review your case and contact you with the results. Please allow four weeks to receive a response.

## **STUDENT'S INFORMATION**

First Name	ame Middle Name		ast N	lame Suffix
Did student go	by any other name in high school? If yes, w	nat nam	ne?	
Date of Birth	State ID Number/Last 4 digits	of SSN		Gender
Name of High Sch	ool Year of Gradu	ation		
			I re	ceived a: Certificate
Phone Number	Email Ad	dress		GED Special education diploma
Home Address				· · · · · · · · · · · · · · · · · · ·
Student's Sign	ove information is complete and accurate.  ature:  it this completed, signed form along with a completed.	copy of	 some	Date:e type of photo ID in any one the
1.	Clarke County School District		2.	By fax (706) 316-1269
	Records Office 240 Mitchell Bridge Road Athens, GA 30606		3.	In person At the address listed to the left.
	FOR OFFICE USE	ONLY		
The Petitio	ner has met the requirements to receive a re	egular h	igh so	chool diploma.
The Petitio	ner has not met the requirements to receive	a regu	lar hi	gh school diploma.
School Staff Si	gnature Position			