

Must provide these:

APPLICATION FOR GRADUATION

PLEASE PRINT

Student ID # _____

Family ID # _____

Student's Full Official Name: _____
LAST FIRST MIDDLE

YES, This student will be participating in Daniel 1's graduation ceremony.

_____ Graduation Package	\$ 120
<i>(includes diploma with cover, 2 transcripts, ceremony fee, cap, gown and tassel)</i>	
_____ Shipping	\$ 15
<i>(if you want the cap and gown shipped to you.)</i>	
_____ Honor Cords	\$ 10
_____ Extra tassel	\$ 12
Grand Total	\$ _____

For ordering cap & gown, we must have the following information:

Height _____ Weight _____ Sex: M F

Cap size _____ inches
(Measure around the head 1 inch above the ears.)

Gowns arrive at D1A where you can pick them up or we will ship to you if you choose that option.

Phone # _____
(We will call when gown is ready to be picked up.)

At the ceremony we will read the student's name and then say, "The son/daughter of __ from __." Please list **ON THE LINE BELOW** the names of parents and their city of residence as you want it read at the ceremony.

****RETURN BY JANUARY 30TH IF GOING THRU CEREMONY****

NO, This student will not be participating in Daniel 1's graduation ceremony.

*If choosing this option, you may turn this form in along with the student's final grades when he has completed all requirements unless you wish to order a cap & gown. Cap & gown orders must be in by January 30. **Final grades and this application must be submitted by June 30 or pay the late fee.***

Graduation Fee	\$ 50	_____
<i>(Includes diploma with cover & 2 transcripts)</i>		
Cap, gown & tassel	\$ 40	_____
Shipping of cap & gown	\$ 15	_____
Tassel only	\$ 12	_____
Honor cords	\$ 10	_____
Shipping of diploma	\$ 15	_____
Late fee (after June 30)	\$ 100	_____
Total Due	\$ _____	

_____ I will pick up diploma— phone # _____
(We'll call when it's ready)
_____ Please ship it to address below (via UPS)
(include shipping in the total above)

Payment Information

_____ Check or money order - make payable to
Daniel 1 Academy

_____ CASH (do NOT mail)

_____ Visa _____ Mastercard

Card Number _____

Exp date ____/____/____ last 3-digit # off back of card _____

Name on the card _____

Zip Code where credit card bill is sent _____

Return this form with payment:

**By mail Daniel 1 Academy
P.O. Box 3233
Cookeville, TN 38502**

Fax: 931-432-1498

Email: cgholman@d1academy.org

THIS BOX FOR D1A OFFICE USE ONLY

Check # _____ DB ✓list Scanned QB