

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
(includes diploma with cover, 2 transcripts, ceremony fee, cap, gown and tassel)

_____ **Shipping** \$ 20
(if you want the cap and gown shipped to you.)

_____ **Extra tassel** \$ 12

Grand Total \$ _____

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

Height _____ Weight _____ Sex: M F

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 \$ 50
(Includes diploma with cover & 2 transcripts)

Cap, gown & tassel \$ 40 _____

Shipping of cap & gown \$ 20 _____

Tassel only \$ 12 _____

Shipping of diploma \$ 20 _____

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 _____ Discover _____ Am Exp

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