

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, test scores 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
Or Hand 1000 England Dr.
Delivery Cookeville, TN 3850

Email: records@d1academy.org

THIS BOX FOR D1A OFFICE USE ONLY

Check # _____ DB ✓list Scanned QB