

Senior Clearance

Stockdale High School – May 2009

Name: _____

Birthdate: _____

Local # _____ UID # _____

Do you plan to participate in the graduation ceremony?
Circle one: YES NO

STUDENTS: You must have **ALL** signatures below before you will be approved for graduation. Return this form to Ms. Mallard in the Counseling office **by 12:00pm Friday, May 22nd**.

TEACHER SIGNATURE (must be obtained before other signatures)

PER.	SUBJECT	STUDENT STATUS IN YOUR CLASS (circle one)	NOTES	TEACHER SIGNATURE
0		PASS FAIL		
1		PASS FAIL		
2		PASS FAIL		
3		PASS FAIL		
4		PASS FAIL		
6		PASS FAIL		
7		PASS FAIL		

Obtain signatures in numerical order:

1. TEXTBOOK SIGNATURE _____ 4. FINANCE SIGNATURE _____
Mrs. *Mrs. Boothe*

2. LIBRARY SIGNATURE _____ 5. COUNSELOR'S SIGNATURE _____

Mrs. Fisher

3. ATHLETIC'S SIGNATURE _____

Mr. Hance, Mrs. Easter, Mr. Rangal