



AVON GROVE CHARTER HIGH SCHOOL

PLEASE PRINT YOUR NAME BELOW HOW YOU WOULD LIKE IT TO APPEAR ON YOUR DIPLOMA:

PLEASE NOTE: The name appearing above for the diploma must be approved by **BOTH** parent and student. Please sign and date below as indicated. **Please return to Mrs. Smith no later than October 10th, 2019.**

I approve of the above printed name to appear on my diploma:

Student: _____ **Date:** _____

I approve of the above printed name to appear on my student's diploma:

Parent(s): _____ **Date:** _____
