

SOUTH KITSAP HIGH SCHOOL - GRADUATION 2024 - NAME FORM

STUDENT NAME (First and Last): _____

Seniors, please complete this form to ensure that your name is spelled correctly on your diploma and pronounced correctly at the graduation ceremony.

Return to Counseling Office by MARCH 1, 2024 in person or via email: greenes@sksschools.org

- 1. Please check one box:**
- I **WILL** walk at Graduation on Saturday, June 8, 2024.
 - I **WILL NOT** walk/participate on June 8, but will graduate/receive a diploma from SKHS.
 - I may not graduate and need to discuss options with my counselor.

2. LEGAL NAME FOR DIPLOMA and TRANSCRIPT

First Name	Middle Name	Last Name
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3. Name for PROGRAM (and PUBLISHED w/permission)

First Name	Middle Initial or Name	Last Name
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4. Name requested to be ANNOUNCED at graduation:

First Name	Middle Initial or Name	Last Name
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If you have concerns over how your name will be pronounced, please provide phonetic spelling:

(check one)

- 5. YES NO I agree to have my *program* name included in the published list of graduates on the district webpage or for local distribution (newspapers, events, etc.).**

Student Signature _____

Date _____

For OFFICE Use Only:

- 1st semester GRAD/WILL WALK in JUNE
- 1st semester GRAD/NOT WALKING in JUNE

- KL/WILL walk/DIPLOMA
- KL/WILL walk, RETURNING/**NO DIPLOMA**
- KL/Already Walked/DIPLOMA
- KL/Already Walked/**NO DIPLOMA**