



ACT 155 DIPLOMA PETITION FORM

A person (hereby referred to as "student") no longer enrolled in a public school who was denied graduation solely for failing to meet the exit exam requirements (S.C. Code Section 59-18-310(B)) may petition to determine his or her eligibility to receive a high school diploma. For more information about ACT 155 visit http://ed.sc.gov/agency/lpa/HSAPEliminationInformation.cfm. All petitions must be filed by December 31, 2015.

Submit this completed, signed form by mail to: Dr. Jason McCreary, 301 Camperdown Way, Greenville, SC 29602, OR submit in person at any Greenville County High School or the Central Office, OR submit as an e-mail attachment to Dr. Jason McCreary at jmccrear@greenville.k12.sc.us. If submitting a petition electronically or by mail, include a scanned /copied image of your government issued photo identification. Incomplete information will delay processing. Allow 8-10 weeks for processing, printing, and delivery.

Today's Date: \_\_\_\_\_

Primary Contact's Name: \_\_\_\_\_

Primary Contact's Phone: \_\_\_\_\_

Primary Contact's Home Address: \_\_\_\_\_

(Full name of student as presented on the birth certificate)

Student's First Name: \_\_\_\_\_

Student's Middle Name: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ Student's Generation (Jr., II, etc.): \_\_\_\_\_

Did student go by any other name in high school? If yes, what name? \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

High School Name from which Student Would Have Graduated: \_\_\_\_\_

School Year in which Student Would Have Graduated: \_\_\_\_\_

If my petition is approved, I request that my diploma be  Mailed to the Primary Contact's Address\*  Picked-up

\*Greenville County Schools does not guarantee delivery and is not responsible for damaged, lost, stolen, or undelivered mail.

I verify the above information is complete and accurate. Student's Signature: \_\_\_\_\_

\*\*\*\*\* BELOW TO BE COMPLETED BY AN OFFICIAL \*\*\*\*\*

Photo ID or sight validation accepted: Yes No Initial: \_\_\_\_\_

Student's Name on Record: \_\_\_\_\_

School Year in which student would have graduated: \_\_\_\_\_

Number of credits required during graduating classes of 1990-2000 is 20. # Completed: \_\_\_\_\_

Number of credits required during graduating classes of 2001-2014 is 24. # Completed: \_\_\_\_\_

Did student complete the required number and types of units: Yes No

If no, what unit(s) were incomplete: \_\_\_\_\_

Student meets all requirements to receive a diploma: Yes No

Official's Signature: \_\_\_\_\_ Official's Printed Name: \_\_\_\_\_