Griffin Spalding County Schools O.C.G.A. § **20-2-281.1 Petition Form**

An individual (hereinafter referred to as "the student") no longer enrolled in a Georgia public school and who previously failed to receive a high school diploma in this state or was denied graduation solely for failing to achieve a passing score on one or more portions of the Georgia High School Graduation Tests or its predecessor **or** the Georgia High School Writing Test or its predecessor may petition the local board of education in which he or she was last enrolled to determine the student's eligibility to receive a high school diploma pursuant to O.C.G.A. § 20-2-281.1 based on the graduation requirements in effect when the student first entered ninth grade.

Please submit this completed form and copy of your photo identification to your home high school at the address below:

A.Z. Kelsey Achievement Academy ATTN: Counseling Department		Griffin High School ATTN: Counseling Department		Spalding High School ATTN: Counseling Department	
REF: GA HSGT		REF: GA HSGT		REF: GA HSGT	
200 A. Z. Kelsey Avenue	Check Box	1617 Poplar Street Griffin, GA 30224	Check	433 Wilson Road	Check Box
Griffin, GA 30223 Contact: 770-229-4365	БОХ	Contact: 770-229-3752	Box	Griffin, GA 30224 Contact: 770-229-3775	DOX
Contact. 7/0 229 4303		Contact: //o 229 3/32		Contact: //0 229 3//3	
Primary Contact Information				T	
First Name		Middle Name		Last Name	
Phone Number		Email Address			
Home Address					
Date of Birth		State ID# / Last 4 digits of SSN	J	Year of Graduation	
Did student go by any other I verify the above information		• ,	name? _		
- 1					
Student's Signature:			_ Date: _		
		FOR OFFICE USE ONLY			
☐ The petitioner HAS met the I	requiren	nents to receive a regular high so	chool dipl	oma.	
Date of Graduation:	(Mo	nth / Day / Year)			
Diploma Type:					
☐ The petitioner HAS NOT me	t the rec	uirements to receive a regular h	nigh scho	ol diploma.	
Signature		Position		Date	