



BELLAIRE HIGH SCHOOL
5100 MAPLE STREET
BELLAIRE, TX 77401
(713) 667-2064

DIPLOMA ORDER SURVEY – GRADUATION 2014

2ND PERIOD TEACHER NAME:

DATE:

STUDENT NAME:

STUDENT ID #:

PRINT your NAME as it appears on your BIRTH CERTIFICATE.

PLEASE PRINT/ WRITE LEGIBLY.

EXAMPLE: Lisa Ann Doe (If you have **NO** Middle Name put a dash (---).)
Use **NO NICKNAMES OR INITIALS.** Be sure to add Jr., II, etc if needed.
Be clear about your name: EXAMPLE LaTasha or Latasha, DeLeon or Deleon

First Name

Middle Name

Last Name

PARENT'S NAME _____

HOME PHONE _____

ADDRESS _____ ZIP _____

WORK PHONE _____

STUDENT'S CELLULAR NUMBER _____ Email: _____

- List Night School Courses that you are taking _____
- List Courses you are taking at other schools (HCC, THEBRIDGESCHOOL, etc.) _____
- List Correspondence Courses that you are taking _____

(Final Exam must be completed by May 1, 2014, in order for the grade to be received in the Registrar's office at least 1 week before graduation)

Under which plan do you anticipate graduating? **CIRCLE ONE**

CORE (MINIMUM) HIGH SCHOOL PROGRAM

TEA (MINIMUM) HIGH SCHOOL PROGRAM

RECOMMENDED HIGH SCHOOL PROGRAM

DISTINGUISHED HIGH SCHOOL PROGRAM

Graduation date: **CIRCLE ONE** MAY 2014 SUMMER SCHOOL 2014 DECEMBER 2014

Summer School Courses Needed for Graduation _____

Indicate your plans for next year: **CIRCLE ONE**

- 1 = University/College/Community College
- 2 = Technical/Vocational School
- 3 = Military
- 4 = Other _____

THIS COMPLETED FORM MUST BE RETURNED TO THE REGISTRAR NO LATER THAN 4 PM ON TUESDAY, MARCH 11, 2014. IF YOU DO NOT RETURN A COMPLETED FORM WITH THE CORRECT INFORMATION, YOUR DIPLOMA WILL BE ORDERED USING THE INFORMATION AVAILABLE TO US IN CHANCERY, AND YOU WILL ONLY RECEIVE A CORRECTED DIPLOMA IF YOU PAY THE \$25 FEE TO REORDER.