

# State Schools

## O.C.G.A. § 20-2-281.1 PETITION FORM

A individual (hereinafter referred to as "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.

Submit this completed, signed form by **mail** to:

Marrie Tronolone  
Office of School Records  
890 North Indian Creek Drive  
Clarkston, GA 30021

OR submit in person at:

Atlanta Area School for the Deaf  
890 North Indian Creek Drive  
Clarkston, GA 30021

If submitting a petition by mail, include a scanned/copied image of your government issued photo identification. Incomplete information may delay processing.

### Primary Contact Information

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|      |              |               |
|------|--------------|---------------|
| Name | Phone Number | Email Address |
|------|--------------|---------------|

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Home Address

### Student's Information

|                                                             |
|-------------------------------------------------------------|
| Provide Legal Name<br>if Different from<br>Primary Contact. |
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|       |        |      |        |
|-------|--------|------|--------|
| First | Middle | Last | Suffix |
|-------|--------|------|--------|

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

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|               |                                      |        |
|---------------|--------------------------------------|--------|
| Date of Birth | State ID Number/Last 4 digits of SSN | Gender |
|---------------|--------------------------------------|--------|

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|                                                     |                             |
|-----------------------------------------------------|-----------------------------|
| Name of High School<br>Student Would Have Graduated | Expected Year of Graduation |
|-----------------------------------------------------|-----------------------------|

I verify the above information is complete and accurate.

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Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ FOR OFFICE USE ONLY \_\_\_\_\_

- The Petitioner has met the requirements to receive a regular high school diploma.
- The Petitioner has not met the requirements to receive a regular high school diploma.

\_\_\_\_\_  
Signature School Level Superintendent Date

\_\_\_\_\_  
Signature State Schools Director Date

\_\_\_\_\_  
Signature Superintendent Date

\_\_\_\_\_  
Signature Board Chair Date