

WILLIAMSBURG COUNTY PUBLIC SCHOOLS

423 School Street
P. O. Box 1067
Kingstree, SC 29556



ACT 155 HIGH SCHOOL DIPLOMA PETITION FORM

Print (or type) clearly

Name as it appears on your school records

First Middle Last

Current Contact Information

Name (if different from above): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number (work) _____ (home) _____ (cell) _____

Email Address: _____

Date of Birth: Month _____ Day _____ Year _____

Last High School Attended: _____

Year and Date of High School Completion: _____

Did you receive a Certificate of Attendance? Yes _____ No _____

Petitioner's Signature: _____ Date: _____

For Office Use Only:

Date Received: _____ Diploma Requirement Met: Yes _____ No _____

Record Reviewed by: _____

Record's Clerk's Signature: _____

Superintendent's (or Designee's) Signature: _____

Date: _____