

## **High School Status Change**

Please Print				
Student ID:	Name:	Last	First	
Date of Birth/_	/			
Last High School Atten	ded:			
High School Location	n: 🗖 California 🗖 Ou	ut of state	me School   Out	of U.S.
High School Name: _				
City:	State:	Cou	ntry:	
Dates Attended From	:/	To://	YY	
High school education	level:			
☐ Not a graduate	of, and no longer enrol	led in high school		
☐ Received high so	chool diploma			
Passed the GED	, or Received a High scl	nool certificate of	equivalency	
	ificate of California Hig		•	
☐ Received a diplo	oma/certificate of grad	uation from a Fore	eign Secondary Sch	iool
Graduation/Completi	on date:/			
I declare under penalty of withholding information reany federal or state financiback.	quested on this form shall	constitute grounds fo	or dismissal. I further	understand tha
Student Signature				
			MM DD	YYYY
	OFFIC	CE USE ONLY		
Rec'd by	Rec'd Date	Processed by	Processed	l Date