FIRST LETTER OF LAST NAME\_\_\_\_\_

## COOPER HIGH SCHOOL SENIOR QUESTIONNAIRE

Name to be **PRINTED ON DIPLOMA**:

(PRINT) First	Middle		Last
Parent's/GuardianName			
HomeAddress			
Mailing Address (if different	)		
Do you plan to participate in	Graduation? YES	NO	
Are you taking a Correspond	ence Course? YES	NO	
Name of Course			
Final Course Grade is <b>due</b> ir	n Registrar's Office	by May 5	!!!!
It is your responsibility to Cand to CLEAR your record			r Graduation
Signed			_

Date	
Telephone No	