Tiers Free Academy Graduation Application

Please complete all fields and return to graduation@tiersfreeacademy.org

Graduate's Full Name

Address

Parent Email Address

Parent Phone Number

Parent Names (For nametags and reserved seating)

Total Number of People Attending the Ceremony* (Including the graduate and parents):

(complete this document, return via email: graduation@tiersfreeacademy.org)

Tiers Free Academy Homeschool Cooperative Affidavit of Participation Requirements

*** MUST include copies of the student's Declaration of Intent to Homeschool. ***

ا,,	, certify that my
(Printed Name of Parent)	
son/daughter,	, has
completed his/her high school graduation course requirements as se	et
forth in our homeschool and that we have followed the Georgia hor	ne
study statutes (as laid out in GA Code 20-2-690).	
Additionally, our son/daughter has been homeschooled and we file	d a
Declaration of Intent to Homeschool with the Georgia Department	of

Education for these years, as required by law.

Parent Signature

Date