

APPENDIX VI

Application for School Achievement Certificate



High School Certification

APPLICATION FOR SCHOOL ACHIEVEMENT CERTIFICATE

General Information

School Name:	_____	School #:	_____
Student Name:	_____		
D.O.B.	_____	Phone:	_____
Address:	_____		

Postal Code:	_____	Year Awarded:	_____

This is to certify that the student named above has successfully completed his/her Individual Education Plan (IEP). The IEP team is requesting that s/he be awarded a student achievement certificate by the Department of Education.

Date: _____

Principal's Signature: _____