

DIPLOMA ORDER FORM

\* Please fill out completely and enclose a check or money order for \$20.00 for paper cover or \$35.00 for padded cover.

Home school name (Same as is on high school transcript)

\_\_\_\_\_

Student Name

\_\_\_\_\_

First

Middle

Last

Date of Graduation \_\_\_\_\_ (Same as is on high school transcript)

City of graduation \_\_\_\_\_

Names of officials

\_\_\_\_\_

Principal

Primary teacher

Address:

Street/PO Box \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Email address \_\_\_\_\_

Phone number \_\_\_\_\_

Payment may be made by cash, check (PHEA) or money order.

PHEA Mailing Address:

PHEA  
2435 E. North Street  
Suite 1108-370  
Greenville, SC 29615