



STATE OF HAWAII
DEPARTMENT OF EDUCATION
KEALAKEHE HIGH SCHOOL
74-5000 PUOHULIHULI STREET
KAILUA-KONA, HAWAII 96740
PHONE: (808) 327-4300 • FAX (808) 327-4307

**ACKNOWLEDGEMENT OF COMMENCEMENT CEREMONY
PARTICIPATION CONDITIONS**

Return to CEPA Teacher on or before Tuesday, August 27, 2013

Print Student's Name

Print CEPA Teacher's Name

Mailing Address

Home Phone

Date

I hereby acknowledge receipt of the "Commencement Ceremony Participation Conditions" for Kealakehe High School's commencement ceremony to be held on Saturday, May 24, 2014. I am keeping it for my information and knowledge. I have read it carefully and understand that I will not be permitted to participate in the commencement ceremony if I do not meet the obligations contained in the agreement. I understand that I will not be able to participate in the commencement ceremony should this acknowledgment not be returned with the appropriate signatures.

Student's Signature

Parent or Guardian's Signature

Phone

OR

I am choosing **NOT** to participate in the Commencement Ceremony on May 24, 2014. I understand that if I meet the academic and financial obligations, I will still graduate and my diploma will be available after the school year closes.

Student's Signature

Parent or Guardian's Signature

Phone