



THEODORE ROOSEVELT HIGH SCHOOL

4419 Center Street
Des Moines, Iowa 50312-2299

SENIOR RECORD SHEET

All seniors must complete this form and have it on file for graduation and diploma production. The student name must be your complete legal name as it appears on your birth certificate, or legal name change documents (provide with birth certificate). Complete the remainder of the form (parent/guardian's full name -- first, middle initial, and last name), attach a copy of the birth certificate, and return it to the school. The information we are gathering is currently in your records, however data will be refreshed before graduation.

If all requirements for a diploma will be met by graduation time, your name will be placed on the candidates for graduation list. Your name will be removed from the list any time your grades fall below passing in credits required for graduation.



NAME _____

(Print legibly your legal name as it appears on your birth certificate)

ADDRESS _____

CITY/STATE/ZIP _____

DATE OF BIRTH _____ PLACE OF BIRTH
(CITY & STATE) _____

PHONE NUMBER _____

PARENT/GUARDIAN _____

NAMES _____

**** RETURN THIS COMPLETED FORM TO THE COUNSELING OFFICE CLERK
WITH A COPY OF THE STUDENT BIRTH CERTIFICATE****

MAILED TO:
Counseling Office – Senior Record Sheet
Roosevelt High School
4419 Center St.
Des Moines, Iowa 50312-2299