

Form A

School Name: XXX High School

Address: 12345, XXXXX Avenue, XXXXX,
XXXXX, U.S.A

Phone: +1-XXX-XXXXXX-XXXXX

Fax: +1-XXX-XXXXXX-XXXXX

This is a:

- ☐ **Certificate of Expected Graduation**
☒ **Certificate of Graduation**

(Please check the appropriate box above.)

Name: Smith, John Paul

Date of Birth: January 31, 20XX

(Name of Educational Institution)

This is to certify that the above mentioned person entered XXX High School
in September 20XX and [is expected to complete / has completed] all the required
(Entrance Month and Year)
(Month) (Year)
courses of study and [is due to graduate / has graduated] from this school in
[(Expected) Gradation Month and Year]
August 20XX.
(Month) (Year)



Jane DOE

Principal's Name and Signature

Official Institution Stamp

XXX High School,
12345, XXXXX Avenue, XXXXX,
XXXXX, U.S.A

Date of Issue: August 7, 20XX