

Oxon Hill High School
6701 Leyte Drive
Oxon Hill, Maryland 20745
301-749-4300

SENIOR CLEARANCE FORM

ALL ITEM AREAS MUST BE SIGNED BY THE RESPONSIBLE PERSONS

STUDENT NAME (PRINT) _____ **ID NUMBER** _____

CLEARANCE ITEM	CLEARED YES/NO/NEED	RESPONSIBLE PERSON	SIGNATURE AND DATE
Financial Obligations		Ms. Whittaker Guidance Secretary	
Clubs/Organizations		Ms. Whittaker Guidance Secretary	
Library/Media		Ms. Valdez Media Specialist	
Teacher Period 1-A (Textbooks/Materials)		Classroom Teacher	
Teacher Period 2-A (Textbooks/Materials)		Classroom Teacher	
Teacher Period 3-A (Textbooks/Materials)		Classroom Teacher	
Teacher Period 4-A (Textbooks/Materials)		Classroom Teacher	
Teacher Period 1-B (Textbooks/Materials)		Classroom Teacher	
Teacher Period 2-B (Textbooks/Materials)		Classroom Teacher	
Teacher Period 3-B (Textbooks/Materials)		Classroom Teacher	
Teacher Period 4-B (Textbooks/Materials)		Classroom Teacher	
Service Learning Hours		Ms. Parker Guidance Secretary	
HSA Requirements		Ms. Sanderson Testing Coordinator	
Credits Earned		Dickerson/Hemby Guidance Counselor	
Senior Surveys		Dickerson/Hemby Website Verification	
Sports Team(s)		Mr. Green Athletic Director	
Smaller Learning Community Survey		Dr. Gibson Coordinator (209)	

Final Check

12th Grade Administrator _____

Date: _____

NOTE: STUDENTS CANNOT OBTAIN TEACHER SIGNATURES DURING HSA TESTING (9-1:30 p.m.)