

# **BIRMINGHAM CITY SCHOOLS GRADUATION DVD ORDER FORM**

**PARENT (S) NAME** \_\_\_\_\_

**PERMENANT PHONE NUMBER** \_\_\_\_\_

**NAME OF STUDENT** \_\_\_\_\_

**HIGH SCHOOL GRADUATING FROM** \_\_\_\_\_

**STUDENT CURRENT MAILING ADDRESS** \_\_\_\_\_

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**GRADUATION DVD SHIPPING ADDRESS** \_\_\_\_\_

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**NUMBER OF GRADUATION DVDS PURCHASED** \_\_\_\_\_

**CASH OR MONEY ORDER AMOUNT ONLY** \_\_\_\_\_