



Alpha Kappa Alpha Sorority, Incorporated® Alpha Zeta Omega Chapter

2024 DEBUTANTE COTILLION PROGRAM ENROLLMENT VERIFICATION FORM

INSTRUCTIONS: This form is required to participate in the 2024 Debutante Cotillion Program and must be signed by an authorized school official.

PART I: Completed by student

PART II: Completed by a school official (counselor, registrar, assistant principal, or principal)

PART I: COMPLETED BY STUDENT

As a condition to participate in Alpha Zeta Omega's Debutante Cotillion Program, I certify that I will be (check one) _____ a junior _____ a senior during the 2024-2025 school year at an accredited high school or home school.

Student's Full Name: _____ Student ID #: _____

Student's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PART II: COMPLETED BY AUTHORIZED SCHOOL OFFICIAL

I certify that the student named above is enrolled in this school and this student will be a junior or a senior during the 2024-2025 school year.

Student's Name	Grade
School Name and Address	Telephone
Authorized Signature	Title