Alpha Kappa Alpha Sorority, Incorporated®
Omega Kappa Omega Chapter

2027 DEBUTANTE COTILLION PROGRAM ENROLLMENT VERIFICATION FORM

PEARLS OF PURPOSE 2027

Participants must be a resident of Harnett County or attend a Harnett County High School

INSTRUCTIONS: This form is required to participate in the 2027 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 Omega Kappa Omega's Debutante Cotillion Program, I certify that I will be (check one) a junior or a senior during the 2026-2027 school year at an accredited high school or home school.

☐ a junior ☐ a senior

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 2026-2027 school year.

Student's Name	Grade

School Name and Address	Telephone

Authorized Signature	Title