

Academic Record—Grades 9 – 12

Name _____
(Last) (First) (Middle)

ID# _____

Place of Birth _____ **DOB** _____

Parent/Guardian _____
Address _____

City/State/Zip Code _____

Phone _____
(daytime) (evening)

Graduation Date: _____

Course of Study: 9 Academic 9 General 9 Vocational

College Entrance Examination Scores

ACT Date _____
English: _____ Math: _____ Composite: _____

SAT Date _____
Verbal: _____ Math: _____ Combined: _____

Year: _____

Subject	1 st Sem	2 nd Sem	Final Grade	Credits
Total Credits				

Year: _____

Subject	1 st Sem	2 nd Sem	Final Grade	Credits
Total Credits				

Year: _____

Subject	1 st Sem	2 nd Sem	Final Grade	Credits
Total Credits				

Year: _____

Subject	1 st Sem	2 nd Sem	Final Grade	Credits
Total Credits				

School Name: _____

Principal's Name: _____

Signature: _____

Notary Signature: _____

Date: _____

(Affix notary seal in space above.)