

## **Secondary School Report Form**

**Instructions:** Students should complete Section I and submit the form to their school counselor. Counselors should complete Sections II and III and forward the report form, along with other supporting documents, to each school to which the student is applying.

## SECTION I (to be completed by student) Student Name

Student Name			SSN .		
Address			_ Date of Bi	rth (mm/dd/year)	
City	State/Province			ZIP/Postal Code	
Country			Phoi	ne	
Email Address					
I am applying for:   Early Decision   Early Action	on 🗖 Regula	r Decision 🗖	Other		
<b>IMPORTANT PRIVACY NOTE:</b> By signing this form, I authorize all school Act (FERPA) so that my application may be reviewed by the institution(s staff employed for the sole purpose of evaluating applications, to contact my behalf.	to which I am app	olying. I further author	ize the admission o	fficers reviewing my applicat	ion, including seasona
☐ Yes, I do waive my right to access, and I understand	d I will never se	e this form or ar	ny other recom	mendations submitted	d by me or on
my behalf.  No, I do not waive my right to access, and I may so documents submitted by me or on my behalf to the					
Required Signature			Date		
SECTION II (to be completed by school counsel	or)				
High School			High So	chool CEEB	
Address					
City	State/Province	ce	ZIP/F	ostal Code	
Phone		Fax			
Counselor's Name			Title		
Email Address					
Percentage of class attending: Four-Year	Two-Year	institutior	is.		
Grading Scale □ 4.0 □ 100 □ Other Passin	g Grade	Student's	GPA	☐ Weighted ☐ L	Jnweighted
GPA includes (check all that apply): ☐ 9th Grade ☐ 1	Oth Grade	្សា 11th Grade ្រ	<b>⊐</b> 12th Grade		
Student rank in a class of as of: □	9th Grade	<b>1</b> 10th Grade	□ 11th Grade	☐ 12th Grade ☐	We do not rank.
This student's course selection is:   Most Demand	ling 🗖 Very [	Demanding <b></b>	Demanding	☐ Average ☐ Belo	w Average
SENIOR-YEAR COURSES: First Term: Course	Grade	Second Term: Course			Grade
Course		Course			

## **SECTION III** (to be completed by school counselor)

Counselor's Signature	Date
Thank you.	
Counselor Statement:	
If not, please describe the circumstances:	
Is the academic record of this student an accurate indication of the student's ability?   Yes	l No
Personal Character:	
Developed Objects and the	
Academic Ability:	
Please comment on the following items, which reference the student's ability and character. Attach add (A recommendation letter may replace Section III.)	ilional pages il more space is needed.
Please comment on the following items, which reference the student's ability and character. Affach add	itional pages if more space is needed.

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