



# HIGH SCHOOL TRANSCRIPT

## STUDENT INFORMATION

FIRST	MIDDLE	LAST
<input type="text"/>	<input type="text"/>	<input type="text"/>

GENDER	PREFERRED NAME	BIRTH DATE	SOCIAL SECURITY NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PARENT OR LEGAL GUARDIAN

NAME:	<input type="text"/>	CITY:	<input type="text"/>
ADDRESS:	<input type="text"/>	STATE:	<input type="text"/>
		ZIP:	<input type="text"/>

## IMPORTANT DATES

ENTRY:	<input type="text"/>	GRADUATION DATE:	<input type="text"/>
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## SCHOOL INFORMATION

HOME SCHOOL NAME:	<input type="text"/>		
ADDRESS:	<input type="text"/>	PHONE:	<input type="text"/>
CITY:	<input type="text"/>	STATE:	<input type="text"/>
		ZIP:	<input type="text"/>

## AFFILIATE ORGANIZATIONS

HOMESCHOOL ORGANIZATION NAME:	<input type="text"/>		
ADDRESS:	<input type="text"/>		
CITY:	<input type="text"/>	STATE:	<input type="text"/>
		ZIP:	<input type="text"/>

PLEASE DESCRIBE THIS ORGANIZATION'S RELATIONSHIP TO HIGH SCHOOL ACADEMICS:

HOMESCHOOL ORGANIZATION NAME:	<input type="text"/>		
ADDRESS:	<input type="text"/>		
CITY:	<input type="text"/>	STATE:	<input type="text"/>
		ZIP:	<input type="text"/>

PLEASE DESCRIBE THIS ORGANIZATION'S RELATIONSHIP TO HIGH SCHOOL ACADEMICS:



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## COURSE RECORD

LEVEL	COURSE TITLE	CURRICULUM	GRADE	CREDIT



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**CUMULATIVE GPA**

*\*UNWEIGHTED 4.0 SCALE*

## ADDITIONAL INFORMATION

STUDENT'S INTERESTS, ACTIVITIES, AND ACHIEVEMENTS:

IMPORTANT ATTRIBUTES OF STUDENT'S PROGRAM

OTHER COMMENTS

## TEST SCORES

DATE	TEST TYPE	SCORES	CUMULATIVE

## PREVIOUS SCHOOLS ATTENDED

*Provide transcripts*

HIGH SCHOOL NAME:

ADDRESS:  START END:

CITY:  STATE:  ZIP:

HIGH SCHOOL NAME:

ADDRESS:  START END:

CITY:  STATE:  ZIP:

## APPROVAL

Signature of person certifying this transcript

NAME:  DATE:

TITLE: