



# 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 \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth (mm/dd/year) \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

I am applying for:  Early Decision  Early Action  Regular Decision  Other \_\_\_\_\_

**IMPORTANT PRIVACY NOTE:** By signing this form, I authorize all schools I have attended to release all requested records covered under the Federal Educational Rights and Privacy Act (FERPA) so that my application may be reviewed by the institution(s) to which I am applying. I further authorize the admission officers reviewing my application, including seasonal staff employed for the sole purpose of evaluating applications, to contact officials at my current and former schools should they have questions about the school forms submitted on my behalf.

Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.

No, I do not waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

Required Signature \_\_\_\_\_ Date \_\_\_\_\_

## SECTION II (to be completed by school counselor)

High School \_\_\_\_\_ High School CEEB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Counselor's Name \_\_\_\_\_ Title \_\_\_\_\_

Email Address \_\_\_\_\_

Percentage of class attending: Four-Year \_\_\_\_\_ Two-Year \_\_\_\_\_ institutions.

Grading Scale  4.0  100  Other Passing Grade \_\_\_\_\_ Student's GPA \_\_\_\_\_  Weighted  Unweighted

GPA includes (check all that apply):  9th Grade  10th Grade  11th Grade  12th Grade

Student rank \_\_\_\_\_ in a class of \_\_\_\_\_ as of:  9th Grade  10th Grade  11th Grade  12th Grade  We do not rank.

This student's course selection is:  Most Demanding  Very Demanding  Demanding  Average  Below Average

## SENIOR-YEAR COURSES:

### First Term:

Course \_\_\_\_\_ Grade \_\_\_\_\_

### Second Term:

Course \_\_\_\_\_ Grade \_\_\_\_\_

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Please comment on the following items, which reference the student's ability and character. Attach additional pages if more space is needed.  
*(A recommendation letter may replace Section III.)*

Academic Ability:

Personal Character:

Is the academic record of this student an accurate indication of the student's ability?  Yes  No  
If not, please describe the circumstances:

Counselor Statement:

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Thank you.

Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_