



**National Association for College Admission Counseling**

**SECONDARY SCHOOL REPORT FORM**

Section I *(to be completed by student)*

Student Name \_\_\_\_\_ S.S. Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street Apt. Number Mo. Day year

\_\_\_\_\_ city State ZIP Code

E-mail Address \_\_\_\_\_

I am applying for:

- Early Decision  Early Action  Regular Decision  Other

I recognize the confidential nature of this document and I do  do not  waive my right to access.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

SECTION II *(to be completed by school counselor –include information only if it is not included in other student documents)*

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

Address \_\_\_\_\_

\_\_\_\_\_ street City State Zip Code

Phone ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

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

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

Grading scale: 4.0 100 Other \_\_\_\_\_ Passing Grade is \_\_\_\_\_

Student's GPA \_\_\_\_\_  Weighted  Unweighted  
GPA includes (check all that apply):  9<sup>th</sup> Grade  10<sup>th</sup> Grade  11<sup>th</sup> Grade  12<sup>th</sup> Grade

Student ranks \_\_\_\_\_ in class of \_\_\_\_\_ as of:  9<sup>th</sup> Grade  10<sup>th</sup> Grade  11<sup>th</sup> Grade  12<sup>th</sup> Grade

We do not rank

Is the student's course selection:  Most Demanding  Demanding  Average  Below Average

SENIOR YEAR COURSES:

First Term: Course	Grade	Second Term: Course	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please comment on the following items which reference the student's ability and character. (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:

High School Official Seal

Thank You

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

Date \_\_\_\_\_