



# 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 the School Profile, to each school to which the student is applying. If no School Profile exists, counselors should attach a list of AP, Honors, and IB courses offered at the school.

**SECTION I** (to be completed by student) \*Optional

Student Name \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street                      Apartment #                      City/Town                      State/Province                      Country                      ZIP/Postal Code

Date of Birth\* \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

**SENIOR YEAR COURSES (be sure to include the title and level (AP, IB, honors, etc.):**

Full Year/First Semester/First Trimester	Second Semester/Second Trimester	Third Trimester <small>or additional first/second term courses if more space is needed</small>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

**SECTION II** (to be completed by the school counselor)

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

Address \_\_\_\_\_  
Number & Street                      City/Town                      State/Province                      Country                      ZIP/Postal Code

Phone \_\_\_\_\_ Fax \_\_\_\_\_ School website \_\_\_\_\_

Counselor's Name \_\_\_\_\_ Counselor's Email \_\_\_\_\_

Please indicate: \_\_\_\_\_% of students who receive Free or Reduced Lunch

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

Student's cumulative GPA: \_\_\_\_\_ on a \_\_\_\_\_ scale

This GPA is  Weighted  Unweighted

The school's passing mark is \_\_\_\_\_

Highest GPA in graduating class \_\_\_\_\_

Student ranks \_\_\_\_\_ in a class of \_\_\_\_\_

How does your school report class rank?

Quartile  Quintile  Decile  We don't report rank

GPA and class rank includes (check all that apply):

9th Grade  10th Grade  11th Grade  12th Grade

Please indicate the number of courses your school offers: AP \_\_\_\_\_ IB \_\_\_\_\_ Honors \_\_\_\_\_

If school policy limits the number a student may take in a given year, list the maximum number of courses allowed: AP \_\_\_\_\_ IB \_\_\_\_\_ Honors \_\_\_\_\_

In comparison with other college preparatory students at your school, this student's course selection is:

Most demanding  Very demanding

Average  Less than demanding

**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 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 \_\_\_\_\_