

I. NAME \_\_\_\_\_  
Last First Middle

I. NAME \_\_\_\_\_  
Last First Middle

MALE    DATE OF BIRTH \_\_\_\_\_    PLACE OF BIRTH \_\_\_\_\_    STUDENT ID NO. \_\_\_\_\_    SOC. SEC. NO. \_\_\_\_\_  
 FEMALE    Mo. Day Yr.    City State

**II. ENROLLMENT & WITHDRAWAL RECORD**

**IV. PHOTOGRAPH**

DATE	CODE	GRADE	Prev. School or Reason for Leaving	ADDRESS	CODE OF BIRTH INFORMATION		CERTIFIED COPY OF BIRTH CERTIFICATE				PARENT'S STATEMENT		ADDITIONAL INFORMATION
					CHURCH RECORD = CR	SCHOOL RECORD = SR	FAMILY BIBLE = FB	PASSPORT = PP	= BC	= SR	= LI	= PS	

**III. FAMILY DATA**

MOTHER

FATHER

NAME OF PARENTS		
ADDRESS		
ETHNIC GROUP		
LANGUAGE IN HOME		
With Whom Does the Child Reside		

TEACHER

**V. ELEMENTARY – JUNIOR HIGH SCHOOL RECORD**

YEAR	Pre-K	KINDERGARTEN	1ST GRADE	GRADE	GRADE	GRADE	GRADE	GRADE	GRADE	GRADE	GRADE	GRADE	GRADE
Mathematics													
Enriched													
Basic													
Language Arts													
Reading													
Remedial													
Literature													
English													
Enriched													
Basic													
Writing													
Spelling													
Social Studies													
History													
Computer Literacy													
Science													
Health													
Art													
Band													
Fine Arts													
Physical Education													
Conduct													
Unexcused Absence													
Days Present													
Days Absent													

FOR LOCAL USE

STANDARDIZED TEST RESULTS

NOT FOR REPLICATION

**ACADEMIC ACHIEVEMENT RECORD SENT:**

Requesting Agency	Date Sent	Requesting Agency	Date Sent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Advanced Measure Requirements Completed for the Distinguished Achievement Program**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Comments**

\_\_\_\_\_  
\_\_\_\_\_

# STANDARDIZED TEST RESULTS

## IMMUNIZATION RECORDS

This certifies that \_\_\_\_\_ (Name) \_\_\_\_\_ (Sex) \_\_\_\_\_ (Date of Birth) has been immunized as follows:

VACCINES	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	SIGNED / SCHOOL NURSE
DTP/DT/TD														
Oral Polio														
Measles	VACCINE ►				ILLNESS ►			VACCINE ►					ILLNESS ►	
Mumps	VACCINE ►				ILLNESS ►			VACCINE ►					ILLNESS ►	
Rubella	VACCINE ►							VACCINE ►						
O T H E R														
TBC TEST														

NOTE: In the abbreviated course name column, space is provided to the right of the dashed line for A = Tech. Prep. Course; C = Correspondence Course; D = Dual Credit Course; E = Credit by Examination; G = Gifted/Talented Course; H = Honors Course; I = International Baccalaureate Course; J = High School Course completed prior to Grade 9; K = Pre-International Baccalaureate Course; L = Local Credit Course; M = Magnet School Course; P = Advanced Placement Course; Q = Pre-AP Course; R = Pre-AP Course; S = Summer School Course; T = Credit Verification; V = Course taken with modified content; X = Innovative Course; Z = Distance Learning Course including but not limited to television instruction, electronic transmission, or satellite broadcast. Refer to rules for appropriate use.

\*\*"X" denotes Grant indication

Course Category	Total Credits for Year				Total Credits for Year				Total Credits for Year				Total Credits for Year			
	1st Sem.	2nd Sem.	Average	Credit	1st Sem.	2nd Sem.	Average	Credit	1st Sem.	2nd Sem.	Average	Credit	1st Sem.	2nd Sem.	Average	Credit
English Language Arts																
Speech																
Mathematics																
Science																
Social Studies																
Economics / Free Enterprise																
Health																
Physical Ed. / Equivalent																
Other Languages																
Fine Arts																
Technology Applications																
Career / Technology Ed.																
Other Electives																
Local Credit																

Academic Year _____ CDC <input type="checkbox"/> Elig. <input type="checkbox"/>	Academic Year _____ CDC <input type="checkbox"/> Elig. <input type="checkbox"/>	Academic Year _____ CDC <input type="checkbox"/> Elig. <input type="checkbox"/>	Academic Year _____ CDC <input type="checkbox"/> Elig. <input type="checkbox"/>
MO / YR _____ MO / YR _____	MO / YR _____ MO / YR _____	MO / YR _____ MO / YR _____	MO / YR _____ MO / YR _____
English Language Arts Mathematics Science Social Studies	English Language Arts Mathematics Science Social Studies	English Language Arts Mathematics Science Social Studies	English Language Arts Mathematics Science Social Studies

**ACADEMIC ACHIEVEMENT RECORD (ACCREDITED)**

Full Legal Name _____	SSN/State ID Number _____	Date of Birth _____	Date Graduated _____
Parent or Guardian Name _____	Sex _____	City _____	Rank _____
Student ID Number _____	Ethnicity _____	Street _____	No. in Class _____
First _____ Middle _____ Last _____	State / Zip Code _____	City _____	Date of Ranking _____
School Address _____	State / Zip Code _____	City _____	Quartile _____
Name of School _____	State / Zip Code _____	City _____	GPA _____
District Name _____	State / Zip Code _____	City _____	Date of Certificate of Coursework Completion _____
Phone No. ( _____ ) _____	State / Zip Code _____	City _____	Signature and Title of School Official _____