

York County Junior Miss Transcript/Grade Request Form

Student Name _____ School _____

Email Address _____ Phone _____ Date _____

This form is to be filled out by the Guidance Counselor based on the high school transcript. The Junior Miss program only considers grades for Math, English, Social Studies, Science, and Foreign Language.

If the course is an AP or Honors Course, enter a 1 or a check mark in the "AP or Honors" column. Otherwise leave it blank. If the Grade received is equivalent to an "A", enter A in the "Grade" column, for a "B" enter B, for a "C" enter C, for a "D" enter D, and for an "F" enter F. For freshman and sophomore year, the typical entry for the column labeled "Percent Complete" is "100%". The exception is when the course is a half year, or half credit course; in that case enter a "50% (half Credit Course)".

For the junior year, the entry should reflect the portion of the course completed. For example; for the first report card in block scheduling enter "50%", in "normal" scheduling enter "25%". For the second report card in block scheduling enter a "100%", or in normal scheduling enter a "50%". If the course being reported is a half credit course, then the values entered would half the amount stated with the note about it being a half credit course.

Only list Math, English, Social Studies, Science, and Foreign Language grades.

Year in School	Course	AP or Honors	Grade	Percent Complete
9	English			100%
9	Foreign Lang			100%
9	Math			100%
9	Science			100%
9	Social Studies			100%
9				
9				
10	English			100%
10	Foreign Lang			100%
10	Math			100%
10	Science			100%
10	Social Studies			100%
10				
10				
11	English			
11	Foreign Lang			
11	Math			
11	Science			
11	Social Studies			
11				
11				

After the Guidance Counselor has completed this form, he/she should submit the Transcript/Grade Request Form signed by a parent or legal guardian, and the Official High School Transcript.

I have reviewed the contents of the form and state that it accurately summarizes the student's transcript.

Guidance Counselor: _____ Date: _____ E-mail _____

Please Provide School Seal

York County Junior Miss Transcript/Grade Request Form

Academic Record of _____ **Representing** _____
Students Name School

I, _____, on ____/____/____ do authorize the completion and release of this form and the
Signature of Parent or Legal Guardian Date Official High School Transcript to the **York County Junior Miss Program**.

Print Name of Parent or Legal Guardian Home Phone Number Cell or Daytime Phone Number

A. Please attach a copy of student's Official High School Transcript to this form.

B.1 Test Scores:

Highest SAT 1 scores Test Date _____ SATCR _____ SATM _____ SATW _____ Total _____

Highest ACT scores Test Date _____ Math _____ Reading _____ Science _____
 English _____ Composite _____

B.2 Additional Test Scores:

Highest SAT Subject test scores

Subject _____ Score _____ Test Date _____
 Subject _____ Score _____ Test Date _____
 Subject _____ Score _____ Test Date _____

Highest ACT written Test Scores

Score _____ Test Date _____

Plan Test Composite _____ % _____ Test Date _____

PSAT Selection Index _____ % _____ Test Date _____

Other standardized tests

_____ Score _____ % _____ Test Date _____
 _____ Score _____ % _____ Test Date _____
 _____ Score _____ % _____ Test Date _____

C. To Be Completed by a School Official *Your explanations in this section are necessary to evaluate the student's academic record accurately.*

<p>1. This Student ranks _____ in a class of _____</p> <p>2. How many students are above this rank? _____</p> <p>3. This student's cumulative GPA is _____ on a scale of _____</p> <p>4. What is the highest GPA in the class? _____</p> <p>5. If a precise rank is not available, please indicate percentile from the top _____</p>	<p>Please indicate below how many honors, AP, or accelerated courses your school offers, how many the student has taken or is currently taking, and how many additional honors, AP or accelerated courses they are scheduled to take in the future.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #cccccc;"> <th style="padding: 5px;">Area of study</th> <th style="padding: 5px;">Offered</th> <th style="padding: 5px;">Taken</th> <th style="padding: 5px;">Scheduled</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">English</td> <td style="width: 40px;"></td> <td style="width: 40px;"></td> <td style="width: 40px;"></td> </tr> <tr> <td style="padding: 5px;">Mathematics</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Social Studies</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Science</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Foreign Language</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Area of study	Offered	Taken	Scheduled	English				Mathematics				Social Studies				Science				Foreign Language			
Area of study	Offered	Taken	Scheduled																						
English																									
Mathematics																									
Social Studies																									
Science																									
Foreign Language																									

D. Please Print or Type School Information

_____, _____
Guidance Counselor's Name Phone Number

Name and Address of School

I, _____, verify that the information on this form is accurate. ____/____/____
School Official's Signature Date

I, _____, verify that the information on this form is accurate. ____/____/____
Student Signature Date

Please Provide School Seal

Do Not Return Signed Form to Student