



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 Quince Orchard High School High School CEEB 210564
 Address 15800 Quince Orchard Road
 City Gaithersburg State/Province MD ZIP/Postal Code 20878
 Phone 301-840-4650 Fax 301-840-4767
 Counselor's Name _____ Title _____
 Email Address _____

Percentage of class attending: Four-Year 66% Two-Year 32% institutions.

Grading Scale 4.0 100 Other Passing Grade D 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 420 as of: 9th Grade 10th Grade 11th Grade 12th Grade We do not rank:**

*****Please see Grade Distribution on School Profile*****

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
****Please see attached transcript****			

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:

I recommend this student:

- () Enthusiastically
- () Strongly
- () Fairly Strongly
- () With Reservation

Personal Character:

I recommend this student:

- () Enthusiastically
- () Strongly
- () Fairly Strongly
- () With Reservations

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:

Thank you.

Counselor's Signature _____ Date _____