

WATKINS MILL HIGH SCHOOL

Secondary School Report Form

Instructions: Students should complete and sign Section I and submit the form to the Registrar's Office. Counselors will complete Section II and forward the report form along with the transcript to each school to which the student is applying.

SECTION I (to be completed by student)

Student Name _____ S.S. Number _____
Last First MI

Address _____ Date of Birth ____/____/____
Street Mo. Day Year

_____ Phone _____
City State Zip Code

Email Address _____

I recognize the confidential nature of this document and I waive my right to access.

Student's Signature _____ Date _____

SECTION II (to be completed by school counselor)

High School Watkins Mill High School High School CEEB 210568

Address 10301 Apple Ridge Road Gaithersburg Maryland 20879
Street City State Zip Code

Phone (301) 840-3970 Fax (301) 840-3974

Counselor's Name _____ Title School Counselor

Percentage of class attending: Four-Year _____ Two-Year _____ institutions.

Grading scale: X 4.0 ___ 100 ___ Other: _____ Passing grade is D

Student's GPA _____ Unweighted _____ Weighted

GPA includes X 9th Grade X 10th Grade X 11th Grade ___ 12th Grade

Student ranks _____ in a class of _____ as of: ___ 9th Grade ___ 10th Grade ___ 11th Grade ___ 12th Grade
X We do not rank

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

Distribution of Cumulative Grade Point Averages found on School Profile

Senior Year Courses: Indicated on transcript