

(Name of High School)

Student Information	School Information
Name: Address: Phone: Email: Gender: Date of Birth: Parent/Guardian:	School Name Address: Phone: Email:

ACADEMIC RECORD

School Year:	Grade Level: 9th			School Year:	Grade Level: 10th		
Course Name	Credit Earned	Grade		Course Name	Credit Earned	Grade	
Total Credits:		Sem. GPA:		Cum. GPA:			
School Year:	Grade Level: 11th			School Year:	Grade Level: 12th		
Course Name	Credit Earned	Grade		Course Name	Credit Earned	Grade	
Total Credits:		Sem. GPA:		Cum. GPA:			
Academic Summary				Notes:			
Cumulative GPA		Grading Scale 90 – 100 = A 80 – 89 = B 70 – 79 = C 60 – 69 = D 59 – Below = F					
Credits Earned							
Diploma Earned							
Projected Graduation Date							

I certify that the information on this transcript is accurate and correct.

School Administrator

Date