

ACADEMIC RECORD FORM - A

Academic Record of _____
Junior Miss Contestant

Representing _____
Local or State Program

I, _____, on _____ do authorize the completion and release of this form to
Signature of Parent or Legal Guardian Date
 the officials of the _____ Junior Miss program.

Print or Type Name of Parent or Legal Guardian

Daytime Phone Number

• If the school does not have a third term, leave that column blank.
 • If some of this student's course work was completed at another high school, give its name and city/state location in the space above the appropriate grade level

SUBJECT AREA	SPECIFIC COURSE OR TITLE <small>(Do not abbreviate or use internal code numbers) Indicate any course work completed in college)</small>	Identify honors or accelerated courses <small>H/IB/AP</small>	GRADE 9 <small>Year ____ to ____</small>			GRADE 10 <small>Year ____ to ____</small>			GRADE 11 <small>Year ____ to ____</small>			GRADE 12 LIST COURSES TO BE TAKEN <small>Year ____ to ____</small>	Identify honors or accelerated course	Indicate number of terms being taken
			Grades earned			Grades earned			Grades earned					
			1st term	2nd term	3rd term	1st term	2nd term	3rd term	1st term	2nd term	3rd term			
ENGLISH														
MATH														
SOCIAL STUDIES														
SCIENCE														
FOREIGN LANGUAGE														
OTHER SUBJECTS														

ACADEMIC RECORD FORM- B

Academic Record of _____ Junior Miss Program _____

B.1 Test Scores

Scores for subject areas from the highest composite score test date.

Highest SAT Reasoning Test Score Test Date _____ SATCR _____ SATM _____ SATW _____
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 Tests:

Table with 6 columns: Name of Test, Score, Test Date, Name of Test, 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.

School Grading System:

- 1. Explain your grading system. Give letter equivalents if you use numeric grades.
2. This student's cumulative grade point average is _____ on a _____ scale. What is the highest GPA in the class? _____ What is your school's lowest passing mark? _____
3. What is the percentage of students that go to college from your school _____ Two-year? _____ Four-year? _____
4. This student ranks _____ in a class of _____. How many students share this rank? _____ If precise rank is not available, please indicate percentile from the top _____.
5. Dual enrollment/College credit courses- please list below any courses taken at a college including the grades, college name, and dates.

Curriculum Information

- 1. What is the maximum number of courses a student may take each term? _____
2. Does your school offer honors or accelerated courses? [] Yes [] No (designate in 3 and 4 below)
3. On the lines below, give the name of the highest level course your school offers in each subject area:
English _____
Mathematics _____
Social Studies _____
Biological Science _____
Physical Science _____
Foreign Language _____
Other Academic _____
4. On the lines below, list the highest level course taken by this student in each subject area: _____

D. Please Print or Type School Information

School Official's Name and Title () Phone Number

Name and Address of School

I, _____, verify that the information I have provided is accurate. _____
Applicant's Signature Date

I, _____, verify that the information on this form is accurate.

*Please Provide School Shield

*Do Not Return Signed Form to Contestant

*No Attachments