



School Report Form

SECONDARY SCHOOL REPORT

Please Type

Student's Name _____
(First) (Last)

Name of High School _____ District _____

In compliance with the Family Educational Right and Privacy Act of 1974, I authorize my high school to release a copy of my transcript and to complete the information requested.

(Signature of Applicant) (Date)

THIS REPORT TO BE COMPLETED BY SCHOOL ADMINISTRATOR OR GUIDANCE COUNSELOR

Evaluator's Name _____

Evaluator's Title _____

Number of Students in the Graduating Class _____

Please explain your marking system:

Standardize Test Scores

SAT Score	
SAT English Score	_____
SAT Math Score	_____
(Optional) SAT Writing Score	_____
Applicant's Total SAT Score	_____

ACT Score	
ACT English Raw Score	_____
ACT Mathematics Raw Score	_____
ACT Reading Raw Score	_____
ACT Science Raw Score	_____
Applicant's Total Scale Score	_____

PLEASE ENCLOSE AN OFFICIAL TRANSCRIPT WITH THIS FORM

Application for Scholarship (Page 2)

1. Is the applicant in an accelerated or honors program? _____ (If yes, please list & describe)

2. List any off-campus or independent study programs the student has participated in:

3. List the co-curricular activities in which the student participates:

(Signature of Evaluator)

(Date)

Return form by April 4th to: Scholarship Committee, Council of Administrators and Supervisors,
1300 Veterans Highway, Suite 330, Hauppauge, New York 11788 or to
casinfo@caslongisland.com