



Albert Voorneveld, President

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Phone # 631-761-5451 Fax: 631-761-5454

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 March 31st to: Scholarship Committee, Council of Administrators and Supervisors, 888 Veterans Highway, Suite 220, Hauppauge, New York 11788 or to casinfo@caslongisland.com