

High School Transcript Form

(for use with grades 9 – 12)

Student's Full Name: _____ Date: ____/____/____

Academic Grade: _____ Attendance Days: _____

Academic Year: ____/____ Mo/Yr of Graduation: ____/____

Date of Birth: ____/____/____ SSN# (optional): XXX-XX-_____

Name of Parent(s): _____

Phone#: _____ - _____ - _____ Email Address: _____

Physical Address: _____

Mailing Address: _____

Your Homeschool Name (for transcript and/or diploma): _____

Subject	Course Name	Credit Earned 0.5 or 1.0	Type Credit: CP – College Prep H – Honors A – Adv. Placement D – Dual Enrollment	Final Percentage Grade
English				
Mathematics				
Science				
History				
Elective				
Elective				
Elective				
Elective				
Elective				
Elective				
Elective				
Elective				
Elective				
Elective				

Mail to: Academic Advantage Association

PO Box 806

Lyman, SC 29365