



*Dg youth who are*  
**CAPABLE**  
**CONFIDENT & CONTRIBUTING**

NAME: PARENT/GUARDIAN: SSN:  
 DOB: ADDRESS: SSID:  
 GENDER: PHONE: LEA:

GRADE	YEAR	COURSE	T1	T2	T3	T4	CUM. CREDITS	GPA	PASS	DEPARTMENT	INSTRUCTOR
<b>Total Credits Earned</b>											
<b>Service Hours</b>											
<b>CRT Scores</b>											
<b>MATH</b>	<b>LANGUAGE</b>	<b>SCIENCE</b>									

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SIGNATURE/TITLE/DATE