

Jericho High School



Jericho High School, 99 Cedar Swamp Road, Jericho, NY 11753 – School Code: 332628

SECONDARY SCHOOL REPORT

Student Information:

Legal Name: _____
 (last) (first) (middle)
 Address: _____ NY
 (number & street) (town) (state) (zip code)
 Birthdate: _____ Phone: (516) _____ Email: _____
 (mm/dd/yy)

I recognize the confidential nature of this document and I do I don't waive my right to access.
 (Check one.)

STUDENT'S SIGNATURE: _____ DATE: ____/____/____

School Information:

Jericho does not rank. Please see school profile.

Cumulative weighted GPA: _____ on a 4.23 scale, covering a period from **09/2006** to **06/2009**.

Cumulative unweighted GPA: _____ on a 4.0 scale, covering a period from **09/2006** to **06/2009**.

In comparison with other students at our school, the applicant's course selection is:
 ____ most demanding ____ very demanding ____ demanding ____ average ____ less than average

The school's passing mark is: **D**. Current year courses are listed on transcript.

There are **345** students in the Class of 2010. The date of graduation is **June 27, 2010**.

94.4% of the class of 2009 attending four-year institutions and 3.4% attending two-year institutions.

Ratings: (Compared to other students in his/her class year, how do you rate this student?)

No basis	Below Average	Good	Excellent (top 10%)	Outstanding (top 5%)	One of the top few encountered in my career
Academic achievement					
Extracurricular accomplishments					
Personal qualities and character					
Growth potential					
Overall					

1. Has the applicant ever been found responsible for a disciplinary violation that resulted in the applicant's probation, suspension, removal, or dismissal from school? yes no

2. Has the applicant ever been convicted of a misdemeanor, felony, or other crime? yes no

What three words come to mind when describing this student? _____

I RECOMMEND THIS STUDENT: With reservation Fairly Strong Strongly Enthusiastically

Counselor's Name: _____ Email: _____

Counselor's Phone # (516) 203-3600 ext. _____ Counselor's Fax # (516) 203-3614

I have known this student for _____ **years** in my capacity as a school counselor. Please see attached letter.

COUNSELOR'S SIGNATURE: _____ DATE: ____/____/____