

TRENTON CATHOLIC ACADEMY

Secondary School Report

Instructions: Students complete Section I, then print, sign, and submit the *Secondary School Report* as part of the transcript request. Counselors will complete **Sections II & III**.

Section I - to be completed by student:

Name of Student: _____
First Middle Initial Last

Address: _____
Number & Street Town, State Zip code

Email: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

I recognize the confidential nature of this document and I ___ do ___ do not waive my right to access.

Student Signature: _____ Date: _____

Sections II & III – to be completed by school counselor:

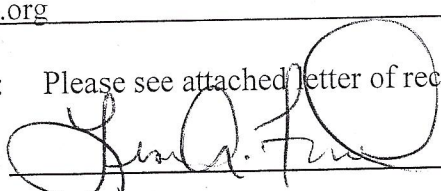
High School: Trenton Catholic Academy at McCorristin Campus CEEB Code: 311496

Address: 175 Leonard Avenue, Hamilton, NJ 08610-4899

School Counselor's Name: Mrs. Lisa A. Ford Phone: 609-586-3705, x 130

Email: lford@trentoncatholic.org Fax: 609-586-1662

School Counselor Statement: Please see attached letter of recommendation.

School Counselor Signature:  _____ Date: _____

Student's 6th Semester Academic GPA: _____ 7th Semester Academic GPA: _____
(Weighted) (Weighted)

Rank: 6th Semester (optional): _____ in a class of _____
Rank: 7th Semester (optional): _____ in a class of _____

Senior Year Courses are included on the transcript.

Grading System: A=100-91, B=90-82, C=81-75, D=74-70; F=69 and below
Passing Grade: 70 Grading Scale: 4.0