

Academic Record of _____ Representing _____

I, _____, on ____ / ____ / ____ do authorize the completion and release
Signature of Parent or Legal Guardian *Date*

of this form to the officials of the _____ Junior Miss program.
Name of Junior Miss Program

Print or Type Name of Parent or Legal Guardian

Daytime Phone Number

A. Please attach a copy of student's transcript to this form.

B.1. Test Scores

Highest SAT I scores Verbal _____ Test Date _____ Math _____ Test Date _____

Highest ACT scores English _____ Test Date _____ Math _____ Test Date _____
 Reading _____ Test Date _____ Science _____ Test Date _____
 Composite _____ Test Date _____

Highest SAT II scores Subject _____ Score _____ Test Date _____
 Subject _____ Score _____ Test Date _____
 Subject _____ Score _____ Test Date _____

B.2. Additional Test Scores

PLAN Test Composite _____ % _____ Test Date _____

PSAT Selection Index _____ % _____ Test Date _____

Other standardized tests

Name of Test _____ Score _____ % _____ Test Date _____
 Name of Test _____ Score _____ % _____ Test Date _____
 Name of Test _____ Score _____ % _____ Test Date _____

C. To Be Completed by a School Official *Your explanations in this section are necessary to evaluate the student's academic record accurately.*

School Grading System:

1. Explain your grading system. Give letter equivalents if numeric grades are used:
2. What is your school's lowest passing mark? _____
3. This student ranks _____ in a class of _____. How many students are above this rank? _____. This student's cumulative grade point average is _____ on a _____ scale.
4. If a precise rank is not available, please indicate percentile from the top. _____ What is the highest GPA in the class? _____
5. What is the percentage of students that go to college from your school? _____ Two-year? _____ Four-year? _____
6. Please list any courses taken at a college or in any summer program, the grades, locations, and dates:

Curriculum Information:

1. What is the maximum number of courses a student may take each term? _____
 2. Does your school offer honors or accelerated courses? Yes _____ No _____ (Designate in 3 and 4 below)
 3. On the lines below, give the name of the highest level course your school offers in each subject area:
 4. On the lines below, list the highest level course taken by this student in each subject area:
- | | | |
|-------|--------------------|-------|
| _____ | English | _____ |
| _____ | Mathematics | _____ |
| _____ | Social Studies | _____ |
| _____ | Biological Science | _____ |
| _____ | Physical Science | _____ |
| _____ | Foreign Languages | _____ |
| _____ | Other Academic | _____ |
| _____ | | _____ |
| _____ | | _____ |

D. Please Print or Type School Information

Guidance Counselor's Name

Phone Number

Name and Address of School

I, _____, verify that the information on this form is accurate. ____ / ____ / ____
School Official's Signature *Date*

I, _____, verify that the information on this form is accurate. ____ / ____ / ____
Student's Signature *Date*

• **Please Provide School Seal**

• **Do Not Return Signed Form to Contestant**