



Chester County School District Senior Information & Audit Summary

Student Name

Phone #

Student Email Address

Parent(s) Name

Phone #

Parent Email Address

<u>Career Major</u>		<u>Test Scores</u>
1) _____	<input type="checkbox"/> Completed	<input type="checkbox"/> ACT <input type="checkbox"/> SAT Score: _____
2) _____	<input type="checkbox"/> Completed	<input type="checkbox"/> ACT <input type="checkbox"/> SAT Score: _____
3) _____	<input type="checkbox"/> Completed	<input type="checkbox"/> ACT <input type="checkbox"/> SAT Score: _____
4) _____	<input type="checkbox"/> Completed	<input type="checkbox"/> ACT <input type="checkbox"/> SAT Score: _____

College Applications

1) _____	<input type="checkbox"/> Transcript Sent	<input type="checkbox"/> Accepted
2) _____	<input type="checkbox"/> Transcript Sent	<input type="checkbox"/> Accepted
3) _____	<input type="checkbox"/> Transcript Sent	<input type="checkbox"/> Accepted
4) _____	<input type="checkbox"/> Transcript Sent	<input type="checkbox"/> Accepted
5) _____	<input type="checkbox"/> Transcript Sent	<input type="checkbox"/> Accepted



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Scholarships

Amount Awarded

1) _____	\$ _____
2) _____	\$ _____
3) _____	\$ _____
4) _____	\$ _____
5) _____	\$ _____

Graduation Audit Summary

English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Government	<input type="checkbox"/>
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Economics	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	US History	<input type="checkbox"/>	
Social Studies	<input type="checkbox"/>	Computer	<input type="checkbox"/>			
Health	<input type="checkbox"/>	PE or JROTC	<input type="checkbox"/>			
Electives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foreign Language or Occupational Specialty	<input type="checkbox"/>	Total Credits Earned:	/24			

Student Signature _____
Date

Parent Signature _____
Date

School Counselor Signature _____
Date