

EXCELLENCE IN ORANGE

Office use only.
Date Received:

Return completed form to your counselor by November 3, 2017

Name: _____ Alpha Code: _____

Email Address: _____

Student Cell: _____ Parent/Guardian Cell: _____

School Counselor: _____

Height: _____ ft. _____ in. Weight: _____

A TOTAL OF 10 HONORS, DUAL ENROLLMENT, AND/OR AP CLASSES ARE REQUIRED

Honors Courses Completed

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Honors Courses, Currently Enrolled

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

AP/Dual Enrollment Courses Completed

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

AP/Dual Enrollment Currently Enrolled

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Additional Requirements

SAT (1170 required): _____ ACT (26 required): _____

Weighted GPA (3.5 required): _____

Community Service Hours (75 required): _____

Student signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____