Commonwealth of Virginia _____ **Public Schools**
Secondary School Transcript
Name of Division BH002 Revised 12/01

Student Legal Name: (Last) _____ (First) _____ (Middle) _____

Student Number: _____ Date of Birth: _____ Sex: _____

Home Address: _____ Home Telephone: _____

Graduation Date: _____ Type of Diploma (X): _____ Advanced Studies _____ Other Diplomas Authorized by the Board of Education

Gr: School:						Standard Credit	Verified Credit
Yr: Days Abs:							
Course							
Total Credits							

Gr: School						Standard Credit	Verified Credit
Yr: Days Abs:							
Course							
Total Credits							

Gr: School						Standard Credit	Verified Credit
Yr: Days Abs:							
Course							
Total Credits							

Gr: School:						Standard Credit	Verified Credit
Yr: Days Abs:							
Course							
Total Credits							

Gr: School						Standard Credit	Verified Credit
Yr: Days Abs:							
Course							
Total Credits							

Gr: School						Standard Credit	Verified Credit
Yr: Days Abs:							
Course							
Total Credits							

* Advanced ** Accelerated (AP) Advanced Placement (H) Honors *** Summer School

Credit Summary Classroom Driver Ed. Grade _____

GPA _____ Rank _____ in Class of _____ Based on _____ Semesters Credits to Date: _____ Standard _____ Verified

Signature of School Official _____ Title _____ Date _____

School Name _____ Telephone # ( ) _____ DOE School Code # _____

Reverse side may be used by the school to furnish Secondary School Standardized Test Record and additional information, excluding Standards of Learning (SOL) test scores.

Secondary School Standardized Test Record (include CEEB or equivalent)