



UPWARD BOUND
285 Old Westport Road
North Dartmouth 02747

(508)999-8713 Office
(508)999-8616 fax



GUIDANCE REPORT

To the Guidance Counselor:

RE: _____
(Name of Student)

Grade: _____

(Parent/Guardian Signature)

Date: _____

As certified by the parent/guardian signature above, you are authorized to release from your records the following information on the above named student:

Address: _____

City, State, Zip Code: _____

D.O.B: _____ Social Security# _____ Expected H.S. Grad. Date: _____

Total absences this academic year, to date: _____

Current Cumulative Grade Point Average: _____ (8th grade if applicable, 9th & 10th grades required)

On a scale of _____ 4.0, _____ 5.0 or _____ 100.0

Please comment on this student's potential for college success:

Please attach the following documents:

- Cumulative transcripts as of last marking period
- Standardized Test results (including MCAS)
- Current class schedules

Signature of Guidance Counselor

Date