High School Name	XXX High School	CTDS#	01-00000-000
High School Address	AAA East ADE Lane	City	Phoenix Zip 850001
Contact Name	Sara Johnson	Title	Head Counselor
Contact Phone	602-555-1111 Fax 602-555-2222	E Mail	sara.johnson@xxx.edu

	Last	First	SAIS #	DOB	Street Address	City	Zip	Phone	ASU	NAU	UofA	High School	District	Part 1 Core (A's/B's in core. Must say YES)	Part 2 Option 1 GPA	Part 2 Option 2 Rank %	Part 3 Option 1 Exceed ALL Wr	Part 3 Option 1 Exceed ALL Rd	Part 3 Option 1 Exceed ALL M	Part 3 Option 1 2 AP =>3	Part 3 Option 1 2 IB =>4
1	Tucker	Shannon	1236589	8/7/1966	1535 West Jefferson, Bin 32	Phoenix	85007	602-542-4391	X			XXX High School	ZZZ District	YES	3.50	17%	E	E	E	0	0
2	Tucker	Shannon	1234255	9/7/1967	1535 West Jefferson, Bin 32	Phoenix	85007	602-542-5510		X		XXX High School	ZZZ District	YES	3.79	2%	M	E	E	2	0
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SAMPLE

Certified by _____ **Title** _____ **Date** _____

Affix school seal to this form before submitting to Arizona Department of Education