

REACH the TOP Transcript Enrollment Form

Student's Full Name: _____

Date of Birth: _____ Today's date: _____

Social Security Number: ____ - ____ - ____ List SSN on transcript? **YES** **NO**
(note – most colleges use the SSN to identify students. Inclusion will assist with continuity of student's records)

Parent name(s): _____

School Name: _____

Mailing Address: _____

Home phone: _____

Email: _____

Name of homeschool Principal: _____

Grade level on August 15th of this year: (circle one) **9** **10** **11** **12**

Did your student complete high-school level courses before 9th grade which have not been reported to RTT yet? **YES** **NO**

**If so, list courses with grades and completion dates below if you want them to be included on the transcript*

Course Title	Books / Materials used	Course type	# hours spent on course	Numerical grade	Carnegie units

Did your student attend a high-school level course at a public or private school prior to homeschooling? **YES** **NO**

**If yes, please complete a "Records Request" form for each school so RTT can obtain a transcript.*

Do you want your child to compete for the SC State Scholarships based on class rank, GPA and SAT/ACT scores?

 YES - Please list all SAT and/or ACT scores below. Your student's GPA and class rank will be reported to the state to verify eligibility.

 NO - If your child is eligible for the SC State Scholarships (Palmetto Fellows, LIFE, or HOPE) and you mark "NO" here, your child's GPA and class rank will **not** be reported to the state, and you will forfeit any opportunity to obtain these scholarship monies during the current school year. However, your child will still be included in ranking data for the benefit of those students who do wish to compete.

List all college entrance exam scores not previously reported to RTT below. Please include a copy of the score report for each test.

SAT	<u>Date taken:</u>	<u>Reading</u>	<u>Math</u>	<u>Writing</u>
ACT	<u>Date taken:</u>	<u>Reading</u>	<u>Math</u>	<u>Composite</u>
SAT II Subject test	<u>Date taken:</u>	<u>Subject:</u>	<u>Score:</u>	
CLEP/DANTES	<u>Date taken:</u>	<u>Subject:</u>	<u>Score:</u>	
AP/IB exam	<u>Date taken:</u>	<u>Subject:</u>	<u>Score:</u>	

By signing below, I certify that the grades reported on this form and the course of study have been earned by the above named student as part of our homeschool requirements, and have been accurately and truthfully reported to the best of our ability.

Parent signature

Date

For office use only	Date rec'd	COS	TRF	Score reports	CIP
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REACH the TOP Homeschool Association Records Request Form

Name: _____ Social Security Number: _____ - ____ - _____

Address: _____ Date of birth: _____

C/S/Z: _____ Name and address of school which you attended:

Phone: _____

Please return this form and transcript to:

REACH the TOP Transcript Coordinator
PO Box 3525
Irmo, SC 29063

Dates attended:
From: _____ To _____

This signature authorizes the release of my transcript to be forwarded as requested. If there is a charge, please bill me at the above address.

Date: _____

Print parent name

Parent Signature