Date:	SID Diploma Credits Summary
Address:	Parents/Supervisor:
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Phone:	
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	Age: Grade: 9 10 11 12 Parents/Supervisor: District: DOB: Stoudt to Dr. Stoudt EITHER a current transcript you developed or this form if you Dr. Stoudt to develop your transcript (see her list of additional services and fees) Age: Grade: 9 10 11 12 Dos: Dos: Dos: Dos:
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Math: Cr · 1 ½ Gr	Science: Cr · 1 ½ Gr
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	textbook Pub
activities 120 60	activities 120 60
10 page paper	10 page paper
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Other: Cr.: 1 ½ Gr	Other: Cr.: 1 ½
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10 page paper	10 page paper
course taken at college or other place	course taken at college or other place
Comments:	Comments:

Volunteer/ service projects/ extra-curricular/ leadership: (OK to use other side)