Official School Report to St. Johnsbury Academy



St. Johnsbury, Vermont 05819 (to be completed by the Principal, Guidance Counselor, or Teacher)

STUDENT'S NAME	DATE OF BIRTH
PERSON COMPLETING THIS FORM	DATE
SCHOOL	
POSITION	SIGNATURE
EMAIL	TELEPHONE NUMBER
General Information	
For publicly funded Vermont students, ple	ase provide a copy of or access to their Personalized Learning Plan.

General Comments

Please share information that will help us to best serve this student at St. Johnsbury Academy:

PLEASE ATTACH A COPY OF THE STUDENT'S TRANSCRIPT OR REPORT CARDS SHOWING THE COURSES TAKEN, GRADES EARNED, AND CREDIT EARNED (IF APPLICABLE) FOR THE CURRENT SCHOOL YEAR AND THE PREVIOUS SCHOOL YEAR.