Word of Life® Bible Institute

Transcript of High School Record
Home Education Program

STUDENT INFORMATION

Name: _____
LAST FIRST MIDDLE

Address: _____
NUMBER AND STREET OR ROUTE AND BOX CITY STATE/PROV POSTAL/ZIP CODE

Phone Number: ( ) _____ Date of Birth: _____
MM/DD/YYYY

Home School Administrator: _____

COURSES AND GPA

Freshman Year Year: _____ GPA: _____

Subject	Units	Grade

Sophmore Year Year: _____ GPA: _____

Subject	Units	Grade

Junior Year Year: _____ GPA: _____

Subject	Units	Grade

Senior Year Year:_____ GPA:_____

Subject Units Grade

PARTICIPATION IN ACTIVITIES

Activity

Indicate if student was a freshman, Sophmore, Junior or Senior

SIGNATURE AND DATES

Date of Graduation:_____ Cumulative Units:_____ Cumulative GPA:_____

Signature of Administrator:_____ Date:_____

New York Applicants • 4200 Glendale Rd • Pottersville, NY 12860 • WORDOFLIFE.EDU • **Fax:** 518.494.1524 or admissions@wol.org

Florida Applicants • 13247 Word of Life Drive • Hudson, FL 34669 • WORDOFLIFE.EDU • **Fax:** 727.856.9349 or fladmissions@wol.org

Ontario Applicants • RR #8 • Owen Sound, ON N4K5W4 Canada • WOLBI.CA • **Fax:** 519.376.9893 or admissions@wolbi.ca