

HAVERFORD HIGH SCHOOL FIRST QUARTER GRADE REPORT REQUEST

Name: _____ Advisory Section: _____ Student ID: _____

(Only if required by the school you are applying to)

1. Complete this form and submit to Mrs. Novino in the Counseling Office.
2. Please provide an addressed envelope, with stamp, for each school that you are requesting your First Quarter Grade Report be sent to.
3. Please verify that you have correctly addressed the envelope.
4. First Quarter Grade Reports will be mailed when 1st quarter progress reports are available.

Please send my First Quarter Grades to the following schools listed below:

1. Name of School: _____

Address: _____

2. Name of School: _____

Address: _____

3. Name of School: _____

Address: _____

