

HAVERFORD HIGH SCHOOL MID YEAR 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 a Mid Year Grade Report be sent to.
3. Please verify that you have correctly addressed the envelope.
4. Be sure to submit the School's Mid Year Grade Report Form, if applicable.
5. Mid Year Grade Reports will be mailed when 1st semester grades are available.

Please send my Mid Year Grades to the following schools listed below:

1. Name of School: _____

Address: _____

2. Name of School: _____

Address: _____

3. Name of School: _____

Address: _____

