# HOME EDUCATION TRANSCRIPT FOR THE NORTH DAKOTA SCHOLARSHIP PROGRAM

DEPARTMENT OF PUBLIC INSTRUCTION
TEACHER AND SCHOOL EFFECTIVENESS
SFN 60374 (Rev. 7/2015)

RETURN TO:
Department of Public Instruction
Teacher and School Effectiveness
600 E Boulevard Avenue, Dept. 201
Bismarck, ND 58505-0440
Telephone: (701) 328-2295
Fax: (701) 328-0201

## Student Information

| Student's First Name (Legal Name) | Middle Initial | Student's Last Name (Legal Name) | Birthdate | Sex |
|---|---|---|---|---|
| Street Address | City | State | ZIP Code | |
| Name of Parent/Guardian That Provided Home Education (First, Last) | | Parent Telephone | Date of Completion (mm/yyyy) | |

## School District of Residence Information

| School Name | | School Telephone | |
|---|---|---|---|
| School Street Address | City | State | ZIP Code |

## Course of Study

| Mo/Yr | Grade 9 Course Titles | Final Grade | Credits Earned | Mo/Yr | Grade 11 Course Titles | Final Grade | Credits Earned |
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| Mo/Yr | Grade 10 Course Titles | Final Grade | Credits Earned | Mo/Yr | Grade 12 Course Titles | Final Grade | Credits Earned |
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☐ **Provide copies of the "Statement of Intent - Home Education" forms that were filed with your school district for the last four years.**

| Cumulative Summary | Total Credits | Cumulative GPA |
|---|---|---|
| | | |

**Affix ACT Label Here or send WorkKeys test results to DPI**

## Notary Public Information

| State | County |
|---|---|
| | |

| Signed and sworn to (or affirmed) before me on | Date | Affix Notary Stamp |
|---|---|---|
| Names(s) of individual(s) Making Statement | | |
| Signature of Notary Public or Other Authorized Officer | | |
| Commission Expiration Date (if not listed on stamp) | | |