

SDUSD School Name:

San Diego Unified School District
Office of Leadership & Learning/ Counseling and Guidance

International School History Form

Student Name: _____ Last school year & grade level: _____

International School: _____

Address: _____ City and Country: _____

International School Email: _____

Provide: legend of grading system; what mark is failing; what is an excellent mark? _____

Parent/Guardian name(s): _____

Telephone: _____ Email _____

Student speaks and understands what language(s)? _____

- What year did the student first start school? _____ (example 2003 grade 1)
- How many school years are mandatory? 10, 11, 12 or 13 (circle one)
- What month does the school year begin? _____ End? _____

World History completed: Y/N? If yes, what grade level? _____ (course description required for credit)

Please complete your daily school schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
School start time:						
School end time:						

I have provided an official transcript from my school. Yes No (circle one)

If NO, an official transcript must be provided within 30 days - by date: ____/____/____

I have answered the above questions and completed the back section to the best of my knowledge:

Parent/Guardian signature: _____ Date _____

Student signature: _____ Date _____

**PLEASE COMPLETE BACK PAGE BY INDICATING WHAT DAYS OF THE WEEK
EACH COURSE WAS TAKEN**

INDICATE WHAT DAYS OF THE WEEK EACH COURSE WAS TAKEN:

Mathematics:						
Days of the week attended & total hours per day:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Algebra						
Geometry						
Pre-Calculus						
Science						
Biology						
Chemistry						
Physics						
History						
World History						
English						
English						
Home Language						
Language:						
Arts						
Fine Art Type:						
Physical Education						
PE						
Other Electives						
Type:						
Type:						
Type:						