



**EASTERN CHRISTIAN
SCHOOL**

Home School Transcript

Report courses by year and grade level. Please report numerical grades, not letter grades.

Applicant's Name: _____ Date of Birth: _____
Last First Middle

Address: _____
Street Address City State Zip

School Year: _____ Grade Level: _____

Subject	Number of Semesters	Publisher/Instructor	Semester 1 Grade	Semester 2 Grade	Final Grade

School Year: _____ Grade Level: _____

Subject	Number of Semesters	Publisher/Instructor	Semester 1 Grade	Semester 2 Grade	Final Grade

Name: _____ Signature: _____ Date: _____
Printed Name and Position of Person Completing Form

Phone: _____ Email: _____

**This form can be sent to:
Director of Admissions, 50 Oakwood Avenue, North Haledon, NJ 07508
or emailed to admissions@easternchristian.org**