



INSTRUCTIONS: Please print and complete all requested information. Return this form to your guidance counselor.

PLEASE PRINT CLEARLY

Student's Name: _____

Parent's Name (s): _____

Mailing Address: _____
(Street address, P.O. Box, Rural Route, Etc.)

_____, **Arkansas** _____
(City) (Zip)

Home Phone Number: _____

Alternate Phone Number: _____

I will be graduating high school in: (check one) 2010 2011 2012 2013 2014

High School Attending:

- Morrilton High School
- Nemo Vista High School
- Sacred Heart High School
- Wonderview High School

Criteria	Freshman	Sophomore	Junior	Senior
Obtain no transcript grade lower than a "C"*				
Achieve 95% attendance				
Take more than minimum required credits				
Complete high school in four consecutive years				

I wish to enroll in the School Counts! Program. I give my permission to release all School Counts! information to the University of Arkansas Community College at Morrilton.

Signature: _____ **Date:** _____
(Student)

Signature: _____ **Date:** _____
(Guidance Counselor)