



# NVHS SENIOR CHECK OUT FORM

STUDENT NAME \_\_\_\_\_

ID # \_\_\_\_\_

**This completed form due by Tuesday, May 23rd.**

*Signatures needed to ensure there are no outstanding fees.*

TEXTBOOKS FINES: \_\_\_\_\_  
Ms. Jacobs

DISTRICT SCHOOL FEES: \_\_\_\_\_  
(Mrs. Lein in Main Office)

CAFE SIGNATURE: \_\_\_\_\_  
(Any Café Cashier)

LMC FINES/FEES: \_\_\_\_\_  
(Mr. Bodwell in LMC)

<b>STUDENT TO COMPLETE THIS SECTION</b>	<b>MUST COMPLETE SENIOR SURVEY IN NAVIANCE</b>
	Walking at Graduation      YES      NO
	Final Transcript Request Form Attached? _____
	Email Address: _____ Cell Phone # _____

**TEACHERS:** By signing below, you indicate this student has turned in all books and materials.

PERIOD	COURSE	TEACHER SIGNATURE
1		
2		
3		
4		
5		
6		
7		
8		
<b>LAST STOP</b>	Counselor/House Initials _____	

**STUDENT SIGNATURE:** \_\_\_\_\_

Students' permanent records will be kept for 60 years after graduation. Temporary records will be destroyed 5 years after graduation date. Students and parents may inspect, copy and, if need be, challenge the records that are in temporary and permanent files before they are sent to a new school or destroyed.

*Neuqua Valley High School*

**POST HIGH SCHOOL INFORMATION / FINAL TRANSCRIPT FORM**

*(Required from all graduating seniors)*

**STUDENT NAME** \_\_\_\_\_

**ID #** \_\_\_\_\_

If you are attending a 2- or 4- year College or University in the Fall of 2017, please write the full name, city and state of the institution:

**Name of Institution:** \_\_\_\_\_

**I Applied thru Common App**

**City, State:** \_\_\_\_\_

**If the College/University is NOT in the United States, please provide the full address:**

**ATHLETES: You must list NCAA or NAIA on your Naviance list of colleges so the transcript can be sent.**

Please check box if you want your final transcript sent to: **NCAA ELIGIBILITY CENTER**

Please check box if you want your final transcript sent to: **NAIA ELIGIBILITY CENTER**

**If you are NOT attending a 2- or 4- year college/university in the Fall, please check one of the items below to indicate your post high school plans:**

**Military Branch:** \_\_\_\_\_

**Vocational / Technical School:** \_\_\_\_\_

**Workforce:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_

Please return this to the Class House. If your plans change, it is your responsibility to contact your counselor.