



**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)