

SENIOR ACTIVITY SHEET
NORTHEASTERN CLINTON CENTRAL SCHOOL

NAME: _____
(Last Name) (First Name) (Middle Name) *Not Initial*

DATE OF BIRTH _____

HOME ADDRESS _____
Street Or Route P.O. Box City State Zip Code

HOME PHONE _____ E-MAIL ADDRESS _____

PARENT(S)/GUARDIAN(S) _____

CUMULATIVE ACTIVITIES

Please include the following categories in Grades 9 through 12. Also, please indicate the grade level for each item you list. Use the back of this sheet, if necessary, or another sheet is fine.

College & CAP Courses:

Honor Courses:

Clubs/Trips/CV-Tec Program

Sports & Awards Associated with Sports:

Community Service (Through School & Community)

School Awards:

Band/Chorus/(Trips Associated With):

Part-time Jobs:

Please note that the information you provide on this form will be used to finalize your high school transcript.