ROCKLAND COUNTRY DAY SCHOOL

From Strong Roots We Flourish

Secondary School Report
CEEB/ACT Code: 335-281

Director of Guidance: Ellen Nodelman enodelman@rocklandcds.org 845-268-6802 x226/860-767-8014

This form takes the place of those published by colleges and universities and the Common Application. Attached you will find the **secondary school transcript(s), school profile and counselor recommendation**.

Section I: To be completed by student before submitting to RCDS College Office

Legal Name_____ **Gender** __
Last *First* *MI*

Address _____SS#:___-___-____
Street *City* *State* *Zip* *(Optional)*

DOB _____ **Phone** _____ Email_____
Month *Day* *Year*

Senior Year Courses - please indicate title and level of all courses you are taking this year.

First Semester	Second Semester

In accordance with the Family Educational Rights and Privacy Act (FERPA), I recognize the confidential nature of this document and I do waive my right to access.

Student's Signature _____**Date** _____

College Name	Early Decision	Early Action	Regular

For Early Decision Application Only: I am applying Early Decision and I understand that, if accepted under the Early Decision Plan, I will attend this college and my applications to any other college will be withdrawn.

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Applicant Signature

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Ellen Nodelman, Director of College Guidance