

ARCHDIOCESE OF NEWARK - DIOCESE OF PATERSON
NINTH GRADE APPLICANT RECORD

Permission for Release of Records

I,
Printed Name of Parent/Guardian

formally request from
Name of Current School

Current School Address, City, State, Zip

School Phone

that a copy of the cumulative record, grades 6-8, and a transcript of all standardized test scores for the student named below be sent as soon as possible after the First Marking Period to the high schools listed below.

Signature of Parent/Guardian

Date

STUDENT INFORMATION

Student Name, Last, First, Middle Initial

Male Female

Student Address (Number & Street Address, City, State, Zip)

Date of Birth (mm/dd/yyyy)

Home Phone

Parent Cell Phone

Name of Parish and Address

Parent/Guardian Email

HIGH SCHOOL CHOICES

First Choice High School (Name and Complete Address)	Second Choice High School (Name and Complete Address)	Third Choice High School (Name and Complete Address)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Sibling/Parent Attended: ____ Yes ____ No	Sibling/Parent Attended: ____ Yes ____ No	Sibling/Parent Attended: ____ Yes ____ No

Optional: Additional High School Choice (Name and Complete Address)	Optional: Additional High School Choice (Name and Complete Address)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Sibling/Parent Attended: ____ Yes ____ No	Sibling/Parent Attended: ____ Yes ____ No

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School Record Information

Student Name _____

Current School and City _____

Subject	Grade 6 Final Grade	Grade 7 Final Grade	Grade 8 First Marking Period		Outstanding	Satisfactory	Improvement Needed
Religion				Effort Grade 8			
Reading				Conduct Grade 8			
Language Arts					Above Average	Average	Below Average
Mathematics				General Academic Ability			
Social Studies				Attendance:	Days Absent	Times Late	Special Notes
Science				Grade 6			
Computer Education				Grade 7			
Foreign Language				Grade 8			

Academic Code (Please provide a copy of your grading scale for students)

How many years has applicant been in current school?	What is the applicant's current Math placement? Please check one: <input type="checkbox"/> Pre-Algebra <input type="checkbox"/> Algebra I <input type="checkbox"/> Post-Algebra 1
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Place a check in the appropriate box to indicate the student's current level of performance in each of the following:

	Exceeds Grade Level Expectations	Meets Grade Level Expectations	Below Grade Level Expectations	Teacher Comments
Mathematics				
Reading				
Writing Skills				

Principal Comments:

Please call for more information: ()

Principal's Signature: _____ Date: _____