

Pope John XXIII High School TRANSCRIPT request form



I am applying for Grade: Nine Ten Eleven

Name (first) _____ (middle) _____ (last) _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ School Now Attending _____

Parent/Guardian Signature _____ Parent/Guardian Signature _____

1. Fill in the information requested above. A parent or guardian must sign the form.
2. Deliver this form to your Principal, Guidance Counselor, or Teacher for completion.

PRINCIPAL/COUNSELOR/TEACHER:

This student is applying to Pope John XXIII High School. Please complete the section to the right and make your recommendation below. Because we believe the school knows their students best, we weigh your recommendation substantially in the admission process.

RECOMMEND: _____ Comments: _____

With Enthusiasm _____

With Confidence _____

With Reservation _____

STANDARD TEST RESULTS

Please provide standardized test results available for this student:

VERBAL:

Test _____ Date _____

Grade Level/Percentile _____

MATHEMATICS:

Test _____ Date _____

Grade Level/Percentile _____

READING:

Test _____ Date _____

Grade Level/Percentile _____

Is the student working to potential?

- Over-achieving Achieving to Ability
 Under-achieving

How long have you known the applicant? _____

In what capacity? _____

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FOR APPLICANTS TO GRADE 9

Please attach transcripts for Grades 7 and 8 or complete the following:

Course level codes:

- A** Advanced
- H** Honors
- S** Standard
- R** Remedial

Other:

For Math please indicate: Grade 8 Math or Algebra

Has the student received Chapter 1 or 766 assistance in Grades 7 or 8: yes no

Grade 7

Course:	Level	Year Ave.	Course:	Level	Year Ave.
Religion	_____	_____	Religion	_____	_____
English	_____	_____	English	_____	_____
Math	_____	_____	Math	_____	_____
Science	_____	_____	Science	_____	_____
Reading	_____	_____	Reading	_____	_____
Social Studies	_____	_____	Social Studies	_____	_____
Language	_____	_____	Language	_____	_____
Conduct	_____	_____	Conduct	_____	_____
Effort	_____	_____	Effort	_____	_____
Days Absent	_____	_____	Days Absent	_____	_____

Grade 8

FOR APPLICANTS TO GRADES 10 OR 11

Number of Days Absent: Grade 9 _____ Grade 10 _____.

Please attach transcripts of student's complete high school record to date. Final transcripts are required as soon as they become available.

Name of person completing this form _____ Position _____

If you wish to discuss this application by phone, please leave us with your number.

Signature: _____ Date _____