



SCHOOL RECORDS REQUEST FORM

1 STUDENT INFORMATION

Applicant must complete this first section only, then give this form to the person at your current/last school responsible for providing academic records (Principal, Guidance Counselor, etc.). **The school will return this form directly to Cathedral.**

STUDENT NAME _____ CURRENT SCHOOL _____ CURRENT GRADE _____

AUTHORIZATION TO RELEASE RECORDS *(must be signed by authorized parent or guardian)*

I authorize my child's school records to be released to Cathedral 7-12 High School. These records may include academic transcripts, standardized test scores, attendance, discipline, health, special accommodation, and other records or information.

PARENT/GUARDIAN SIGNATURE _____ PRINT NAME _____ DATE _____

2 SCHOOL ADMINISTRATION

The student above is applying for admission to Cathedral 7-12 High School. A full report from your school is essential in order to give this student fair consideration. **Please include report cards or academic transcripts, standardized test scores, attendance records, disciplinary records, health and special accommodation information, and teacher comments.** We ask an educator or administrator familiar with the student to fill out the following recommendation and return this to Cathedral with the student's records.

STUDENT ASSESSMENT	Excellent	Very Good	Good	Average	Below Average	Poor
ACADEMIC ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP QUALITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EFFORT & ENTHUSIASM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STUDY HABITS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BEHAVIOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHARACTER & INTEGRITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTENDANCE & TARDINESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAMILY/GUARDIAN ENGAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE COMMENT ON THE STUDENT _____

FINAL RECOMMENDATION FOR ADMISSION TO CATHEDRAL HIGH SCHOOL

YOUR NAME _____ POSITION _____

EMAIL _____ PHONE _____

HOW LONG HAVE YOU KNOWN THE APPLICANT _____ IN WHAT CAPACITY _____

RECOMMEND WITH ENTHUSIASM RECOMMEND RECOMMEND WITH RESERVATION DO NOT RECOMMEND

SIGNATURE _____ DATE _____

PLEASE RETURN WITH REQUESTED RECORDS DIRECTLY TO:
ADMISSIONS, Cathedral High School, 74 Union Park Street, Boston, MA 02118

HAVE QUESTIONS?

Call 617-542-2325 ext. 312 or email admissions@cathedralhighschool.net