



HIGH SCHOOL

NINTH GRADE APPLICANT RECORD

Submit this Form to Your Elementary School Guidance Department or Principal

PERMISSION FOR RELEASE OF RECORDS

I, _____, formally request from

(signature of parent/guardian)

_____, _____,

(name of current school)

(school street address)

_____, _____, _____, that a copy of the

(city)

(state)

(zip code)

Parent/Guardian Email Address: _____

cumulative records, 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:

Office of Admissions
Union Catholic High School
1600 Martine Avenue
Scotch Plains, New Jersey 07076

STUDENT INFORMATION:

_____, _____, _____, _____, _____

Last Name

First Name

Middle Initial



Male



Female

_____, _____, _____, _____

Student's Street Address

City

State

Zip Code

Date of Birth

_____, _____, _____

Mo.

Day

Year

Home Telephone Number

Parent/Guardian Cell Phone

SCHOOL RECORD INFORMATION

Table with columns: Subject, Grade 6, Grade 7, Grade 8, General Academic Ability (Above Average, Average, Below Average), Effort: Grade 8 (Outstanding, Satisfactory, Improvement Needed, Unsatisfactory), Conduct: Grade 8 (Outstanding, Satisfactory, Improvement Needed, Unsatisfactory)

Attendance: Days Absent

Grade 6 _____ Grade 7 _____ Grade 8 _____

Please call me for information. _____ - _____ - _____

Comments of Grade 8 teacher/guidance counselor/principal: _____

_____ Date

_____ Signature of Principal/Teacher/Guidance Counselor