



Catholic Memorial School School Report

Grade applying to:

Admissions Office
235 Baker Street
West Roxbury
Massachusetts
02132-4395
PH: 617-469-8019
FAX: 617-325-0888

Apply online:
www.CatholicMemorial.org



Facebook.com/CatholicMemorial
Twitter: @cmadmissions

Student Information

Last	First	Middle initial
Home address		Parent's Email Address
City	State, Zip	Telephone
Present school	City	

To the Student: Complete the first part of this form and give it to the person in your school who is responsible for preparing records. It may be your principal, teacher, or counselor. You should provide this person with a pre-addressed, stamped envelope. Make sure that your parent or guardian has signed the Transcript Release Statement below.

Parent Transcript Release Statement

I hereby authorize my son's school to forward to Catholic Memorial School the following information: Transcript of Grades, Standardized Test Scores, Attendance Record, Disciplinary Action, and other pertinent information.

Signature of parent or guardian

Student Grades

Grade _____	Grade _____
Course	Course
Level*	Level*
Final Grade	Average to date
Religion	Religion
English	English
Math**	Math**
Science	Science
Reading	Reading
Social Studies	Social Studies
French	French
Spanish	Spanish
Latin	Latin
Other	Other

*please specify Advanced, Honors, Standard, etc. where applicable.
**please specify level: Pre-Algebra, Algebra, etc.

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Attendance Record

Grade	Days absent	Days tardy	Grade	Days absent	Days tardy
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Standardized Test Results

Date taken	Name of test	Verbal Score
Date taken	Name of test	Math Score
Date taken	Name of test	Reading Score

Has the student been subject to any disciplinary action? Yes No If yes, please explain:

Chapter 1/766: Has the student received Chapter 1 or 766 assistance? Yes No If yes, please explain:

What special attributes, in your opinion, could the student contribute to the Catholic Memorial community next year?

How long have you known the applicant? In what capacity?

Please assess the student in the following areas:

	Excellent	Very Good	Good	Average	Below Average	N/A
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort and Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Citizenship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall recommendation

With Enthusiasm Recommend With Reservation Do Not Recommend

Please elaborate:

Thank you for your input and cooperation in the application process. Your evaluations, observation, and insights are vital to the application process at Catholic Memorial School.

Name _____ Position _____

Telephone Number _____ Email Address _____

Signature _____ Date Mailed _____



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