



Holy Cross High School

5035 Route 130 South, Delran, New Jersey 08075-9798
 (856) 461-5400 x 3007 • Fax (856) 764-0806

APPLICANT GRADE FORM

Permission for Release of Records

I, _____, formally request from _____

Signature of parent/guardian

Name of current school

City or Town

School Telephone

that a copy of

the 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 Holy Cross High School.

Student Information – Parent Complete

| | | | | | |
|---------------------------|------------|------------|--------------|----------------|-------------------|
| Last Name | | First Name | | Middle Initial | Social Security # |
| Number and Street Address | | | City or Town | State | Zip Code |
| Date of Birth | Home Phone | | Parish | | |
| Parent/Guardian Name | | Work Phone | | Cell Phone | |

To Be Completed By School Official:

School Record Information – School Complete

| Subject | Grade 6 | Grade 7 | Grade 8 (1st marking period) | General Academic Ability Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> Effort: Grade 8 Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Improvement Needed <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Attendance: Days Absent Grade 6 _____ Grade 7 _____ Grade 8 _____ | Passing Grade: 70 % < 69 % - Not Meeting Curriculum Expectations Grades Below 60 % Indicated by an "F" Conduct Satisfactory <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> |
|--------------------------|---------|---------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Religion | | | | | |
| Integrated Language Arts | | | | | |
| Mathematics | | | | | |
| Social Studies | | | | | |
| Science | | | | | |
| Computer Education | | | | | |
| Foreign Language | | | | | |

Initials of person completing above information _____

I would like to speak to you regarding this student

Please call me for more information. _____

Comments of Grade 8 teacher and /or principal: _____

Date

Principal's Signature

School Official, please complete and mail directly to Holy Cross H.S. - Attn: Admissions