

# JOHN CARROLL HIGH SCHOOL

## STUDENT RECORD REQUEST

3402 Delaware Avenue

Fort Pierce, Florida 34947-6116

PHONE: 772-464-5200 FAX: 772-464-5233 GUIDANCE FAX: 772-489-4259

Previous School \_\_\_\_\_  
Address \_\_\_\_\_  
City/Province/State/Zip \_\_\_\_\_  
Country \_\_\_\_\_

Please send a complete transcript for \_\_\_\_\_  
Birth date \_\_\_\_\_

### WE ASK THAT THE FOLLOWING INFORMATION BE INCLUDED

1. Complete transcript translated into English.
2. Units and grades earned to date (Indicate any courses which are HONORS or AP)
3. Date of withdrawal from your school
4. Grades to date of withdrawal
5. Number of minutes per subject per week
6. Number of weeks per subject
7. Time allotted for one Physical Education credit in your district
8. Key to grading system (Please give numeric equivalent for letter grades as A=100 - 94, B=93 - 85, etc.)
9. Course content, i.e. specify American History, Biology, Algebra I, etc., not Social Studies, Science, Math.
10. Testing, psychological and health records
11. Copy of TOEFL and/or SLEP scores
12. HRS 680 for Florida schools, immunization records for schools outside of Florida

Thank you for your assistance.

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I hereby authorize the release of all records of my child/myself.

Signature \_\_\_\_\_

Date \_\_\_\_\_