

JOHN CARROLL CATHOLIC HIGH SCHOOL



STUDENT INFORMATION REQUEST

3402 Delaware Avenue, Fort Pierce, Florida 34947-6116

772-464-5200 Guidance Fax: 772-489-4259

Email: registrar@johncarrollhigh.com

Parents should complete this top portion only and return it to the John Carroll Catholic High School guidance department.

I authorize the release of _____'s records to John Carroll High School.

Parent/Guardian signature _____ Date _____

Dear Principal:

The student named above has applied to our school. **Please send the information requested below as soon as possible.** If the student completes the enrollment process, we will request complete records from you. Thank you for your assistance. Jim Clark, Director of Guidance

- Semester grades for the following subjects for grade 7 and first semester of grade 8: **English, Mathematics, Science, Reading, Social Studies, and Religion** (if applicable) (Photocopies of report cards or permanent records are acceptable.)
- Specific math class in which the student is currently enrolled.
Algebra I _____ **Algebra I Honors** _____ **Pre-Algebra** _____ **Other** _____
- Science Teacher Feedback: Is this student prepared for Biology with its indepth reading and terminology or more suited for a less rigorous Physical Science? **Biology** _____ **Physical Science** _____
- Will the student receive high school credit for any of the following?
Algebra I _____ **Spanish I** _____ **French I** _____ **Other** _____
- Results of standardized tests taken in the last two years (Photocopies are acceptable).
- Is there any learning, emotional, or physical problem that you know of and feel you can share with us? If so, please explain it briefly.*
- Have any special accommodations been made for this student in order for him/her to succeed academically?
Yes _____ **No** _____ If yes, what accommodations? *
- Has this student ever been suspended? If yes, please explain circumstances.*
- Recommendation:** (Recommendations are held in confidence.)
Academic:
Recommended _____ Recommended w/reservations* _____ Not recommended _____
Character:
Recommended _____ Recommended w/reservations* _____ Not recommended _____

Signature of principal or counselor _____

School _____ Date _____

*Please explain on the reverse side.