

TRANSCRIPT RELEASE FORM

**Admissions Office
Arlington Catholic High School
16 Medford Street, Arlington, MA 02474
781-646-8255**

Please give this form to your teacher or principal.

This form gives your school permission to send your marks to Arlington Catholic High School.

Name of Applicant: _____

Address: _____
No. Street City Zip

The above named student is applying to Arlington Catholic High School for the coming year.

Please send the following information to Arlington Catholic.

For 9th Grade:

1. The student's 7th & 8th grade marks
2. Standardized test scores
3. Absence and tardy records
4. Educational Assessments (if any)
5. Disciplinary action taken (if any)

For Transfer Students:

1. All high school grades up to and including the third quarter of the current school year
2. Any standardized test scores for tests administered during high school
3. Educational Assessments (if any)
4. Disciplinary Report Form

Unless Arlington Catholic High School has all of the above information, we cannot process the application.

Signature of parent: _____

Date: _____