Queen of Peace High School

TRANSFER STUDENT - APPLICANT RECORD

Permission for Release of Records. Please type or print using a ball point pen.

I formally request from _____, that an **unofficial copy**
Name of Current School
of the cumulative records and a **transcript of all standardized test scores** for the student named below, be sent as soon as possible to: ***Queen of Peace High School, 191 Rutherford Place, North Arlington, NJ 07031.***

_____
Signature of Parent/Guardian

Student Information

Current Grade Level _____

_____	_____	_____	_____
Last Name	*First Name*	*Mid. Init.*	*Male/Female*

_____	_____	_____	_____
Number and Street Address	*City or Town*	*State*	*Zip Code*

_____	_____	_____
Date of Birth	*Home Phone*	*Family Parish*

_____	_____	_____
Present School	*School Town*	*School Phone*

School Record Information

Guidance Counselor/ School Official,

Please attach to this form the following:

√ Transcript which includes the subjects this student has taken and the grade for each course.

√ If applicable, any summer school course the student has taken and the grade received.

√ **All standardized test scores you have on record.**

√ Attendance data.

Thank you for assisting us with this student's application.

Please rate this student:

General Academic Ability

- ☐ Above Average
- ☐ Average
- ☐ Below Average

Effort

- ☐ Outstanding
- ☐ Satisfactory
- ☐ Improvement Needed
- ☐ Unsatisfactory

Insightful comments about this student are welcome. Your candid evaluation supplements the quantitative data requested. Please write any comments you have on the back of this form.

Date	*Signature of School Official/ Title*