

# NINTH GRADE APPLICANT RECORD

Submit this Form to Your Elementary School Guidance Department or Principal  
**PERMISSION FOR RELEASE OF RECORDS**

I, \_\_\_\_\_, formally request from \_\_\_\_\_  
(signature of parent/guardian) (current school)

that a copy of the cumulative records, grades 6-8, and a **transcript of all standardized test scores** for the student named below be **mailed or faxed** as soon as possible after the first marking period to:

Office of Admissions  
Hudson Catholic High School  
790 Bergen Avenue  
Jersey City, NJ 07306  
phone (201)332-5970  
fax (201)332-6373

## STUDENT INFORMATION:

\_\_\_\_\_  
Last Name First Name Male Female

\_\_\_\_\_  
Student's Street Address City State Zip Code

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Mo. Day Year Home Telephone Number Parent/Guardian Cell Phone

## SCHOOL RECORD INFORMATION:

Subject	Grade 6	Grade 7	Grade 8	Conduct: Grade 8
Religion	_____	_____	_____	Outstanding ____
Reading	_____	_____	_____	Satisfactory ____
Language Arts	_____	_____	_____	Improvement Needed ____
Mathematics	_____	_____	_____	Unsatisfactory ____
Social Studies	_____	_____	_____	
Science	_____	_____	_____	<b>Attendance: Days Absent</b>
Computer Education	_____	_____	_____	Grade 6 _____
Foreign Language	_____	_____	_____	Grade 7 _____
				Grade 8 _____

\_\_\_\_ Please call me for information \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Comments of Grade 8 Principal/Guidance Counselor:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal/Guidance Counselor