



Transcript Record

TRANSCRIPT RECORD FOR CATHOLIC SECONDARY SCHOOLS

Office of Admission | 99 Crystal Street | Malden, MA 02148 | P: 781-475-5293 | E: admissions@maldencatholic.org | W: maldencatholic.org

TO THE APPLICANT: Please follow the TWO steps listed below for each school in which you are applying:

1. Supply the information requested on the lines below; be sure to print clearly.
2. Fill out the Transcript Release Form on the back of this sheet, and bring this form to the person in your current school who is responsible for preparing records. (Principal, Counselor, Teacher).

Last Name	First Name	Full Middle	Phone #
Street Address		City/Town	Zip
School Now Attending	City	State/Province	Country

SCHOOLS TO WHICH A TRANSCRIPT SHOULD BE SENT:

Malden Catholic, 99 Crystal Street, Malden, MA 02148

TO THE PRINCIPAL/COUNSELOR/TEACHER:

This student is applying for admission to the school(s) listed above. If the student is to be given fair consideration, a full report from your school is essential. This information is needed by December 15.

GRADE 7			GRADE 8		
COURSE TYPE	COURSE LEVEL	YEAR AVERAGE	COURSE TYPE	COURSE LEVEL	YEAR AVERAGE
Religion			Religion		
English			English		
Math			Math		
Science			Science		
Reading			Reading		
Social Studies			Social Studies		
French			French		
Spanish			Spanish		

LEVEL: A(Advanced); H(Honors); S(Standard); R(Remedial); OTHER: (please indicate). For Math, (please indicate); Grade 8 Math, Algebra

Grade 7 Days Absent:	Grade 8 Days Absent:
Conduct	Effort
Comments (use additional sheet of paper if necessary)	

Has the student received Chapter I or 766 assistance in Grade 7 or 8? yes no

STANDARD TEST RESULTS: Verbal _____ Mathematics _____ Reading _____

RECOMMENDATION: With Enthusiasm Recommend With Reservation Do Not Recommend

How long have you known the applicant?	In what capacity?
Your Name:	Your Position:
Signature	Date Mailed

If you prefer to discuss this application by telephone, please complete the following:

Your Telephone #	Your Email Address	<input type="checkbox"/> Day <input type="checkbox"/> Evening
		Best time for you to receive a call

Transcript Release Form

This form gives your school permission to send your marks to us. Please fill in the information requested on the form, have your parent sign it, then bring it immediately to your Principal, Counselor, or Teacher together with the completed TRANSCRIPT RECORD FORM on the other side of this sheet.

Last Name	First Name	Full Middle	Suffix (Jr., II, III)
Street Address		City/Town	Zip
Birth Date	Telephone	Current Grade	

TO SCHOOL OFFICIAL: This student has expressed interest in Malden Catholic for the coming year. Please send us the information indicated on the TRANSCRIPT RECORD FORM located on the other side of this sheet.

TO:

Office of Admission
Malden Catholic
99 Crystal Street
Malden, MA 02148
781-475-5293
maldencatholic.org

Signature of Parent/Guardian: