



Request for Student Records

This section to be filled out by parent:

Student's Name: _____ **Date:** _____

Present Grade: _____

I hereby give permission to the Guidance Office to send all pertinent educational data to the Admissions Office of The Haverford School.

Parent Signature: _____

Please have the following sent to Admissions:

_____ 1. Student transcript (including **previous**, **current**, and **final** grades)

_____ 2. Standardized test results

_____ 3. Psychological test results (if available)

This section to be filled out by Principal/Guidance Counselor: (All information will be held in strict confidence. Your input is greatly appreciated.)

Please circle the number that best applies for each category.

| | 1. Outstanding | 2. Above Average | 3. Average | 4. Below Average | 5. Poor |
|-----------------------|-----------------------|-------------------------|-------------------|-------------------------|----------------|
| | | (Outstanding) | | | (Poor) |
| Emotional Development | 1 | 2 | 3 | 4 | 5 |
| Social Development | 1 | 2 | 3 | 4 | 5 |
| Cooperation | 1 | 2 | 3 | 4 | 5 |
| Self-reliance | 1 | 2 | 3 | 4 | 5 |
| Effort | 1 | 2 | 3 | 4 | 5 |
| Work Habits | 1 | 2 | 3 | 4 | 5 |
| Academic Achievement | 1 | 2 | 3 | 4 | 5 |

Comment on specific strengths, areas of concern, or any other pertinent information on reverse.

Print Name: _____ **School:** _____

Signed: _____ **School Contact Phone No.:** _____

Title: _____ **Date:** _____

**Admissions Office
The Haverford School
450 Lancaster Avenue
Haverford, PA 19041
484-417-2762 (phone) 484-417-2710 (fax)**