



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)**