



Office of Admissions
80 Independence Avenue
Braintree, MA 02184
Email: admissions@awhs.org
Ph. 781-535-6051 **Fax** 781-843-3782
www.awhs.org

STUDENT DISCIPLINE RECORD *CONFIDENTIAL*

TO THE PARENT OR GUARDIAN: I hereby authorize my son/daughter's school to forward to Archbishop Williams High School the Absence/Tardy/Discipline Records and any other pertinent information.

Signature of Parent or Guardian

TO THE PRINCIPAL/COUNSELOR/TEACHER: Please complete the following form.

Student: _____ Current Grade: _____

School: _____ Town: _____

ATTENDANCE AND DISCIPLINE RECORD

___ No instances of office disciplinary action.

___ At least one instance requiring disciplinary action.

___ Absence Record

___ Tardy Record

Additional Comments: _____

Please attach a copy of the disciplinary record to this form.

Signature of the school official responsible for discipline:

Signature: _____ Date: _____

Name: (*Print*) _____

Title: _____

PLEASE COMPLETE THE TRANSCRIPT RECORD ON THE REVERSE SIDE

TRANSCRIPT RECORD

TO THE APPLICANT: Please fill out the top section of this form and give it to the person in your school who is responsible for preparing records (principal, counselor, teacher). This form must be signed by a parent or guardian in order to give your school permission to send your transcript record.

Name: _____ Home Phone: _____
Last First Middle

Address: _____
No Street City/Town State Zip

School Now Attending: _____ City/Town _____

School Phone: _____ Signature: _____
Signature of Parent or Guardian

SCHOOLS TO WHICH A TRANSCRIPT SHOULD BE SENT:

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 15th.

PREVIOUS GRADE

CURRENT GRADE

Course	Level of Course	Year's Average
Religion		
English		
Math		
Science		
Reading		
Social Studies		
French		
Spanish		

Course	Level of Course	Year's Average
Religion		
English		
Math		
Science		
Reading		
Social Studies		
French		
Spanish		

SPECIAL ACCOMODATIONS: Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> I.E.P./504 Plan | <input type="checkbox"/> Inclusion |
| <input type="checkbox"/> Resource Room | <input type="checkbox"/> Partial Inclusion |
| <input type="checkbox"/> Preferential Seating | <input type="checkbox"/> Extra Time for Tests |
| <input type="checkbox"/> <i>Other</i> (explain) _____ | |

STANDARDIZED TESTING RESULTS: *Test* _____ *Date Given* _____ *Grade Level/Percentile* _____

Verbal _____

Mathematics _____

Reading _____

RECOMMENDATION: With Enthusiasm Recommend Reservation Do Not Recommend

Please elaborate _____

How long have you known the applicant? _____ In what capacity? _____

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

Your Telephone _____ Best time for you to receive a call: day evening

Your Name (*Print*) _____ Your Position _____

Signature _____ Date Mailed _____