



# Secondary Schools of the Archdiocese of San Francisco

## Transcript Request Form

Student Name: \_\_\_\_\_

Current School: \_\_\_\_\_ School Phone: \_\_\_\_\_

Middle School Cumulative GPA: \_\_\_\_\_

Date: \_\_\_\_\_

Directions: Please complete this form by filling in the information requested. Keep the original for your files and make copies to be sent to the Catholic Secondary Schools. **Do not send transcripts, please complete this form.**

<b>Subject</b>	<b>Grade Seven</b>					<b>Grade Eight</b>				
	Quarter Grades					Quarter Grades				
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	Year	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	Year
Religion										
Mathematics										
Reading										
English										
Spelling										
Science/Health										
Social Studies										
LOTE (Language Other than English)										
Music										
Art										
General Behavior Expectations										
Effort										
Days Absent										
Days Tardy										

### Standardized Assessment Results (Report National Percentiles - STAR)

Grade	Date	Name of Test	Reading		IRL	Math	
			PR	SGP	_____	PR	SGP
7th		STAR					
8th		STAR					
8th		STAR					

**Please indicate 8<sup>th</sup> Grade Level of Math**

- Math 8                       Algebra I (Full Year)
- Pre-Algebra               Geometry
- Algebra I (Part Year)

Please indicate text used: \_\_\_\_\_

**Math Placement Recommended**

- Algebra I
- Geometry    Algebra II/ Trig.

**Languages other than English (LOTE)**

Please indicate language studied: \_\_\_\_\_

Number of years studied: \_\_\_\_\_

**LOTE Placement Recommended**

- 1<sup>st</sup> Year    2<sup>nd</sup> Year    3<sup>rd</sup> Year    4<sup>th</sup> Year

(Briefly describe on backside of form, if special circumstances were used for Standardized Testing)