



Secondary School of the San Francisco Archdiocese Trimester Transcript Request Form

FIRST NAME _____

LAST NAME _____

APPLYING TO GRADE _____

Present School: _____ School Phone: _____

Date: _____ Middle School Cumulative GPA: _____

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.**

Subject	Grade Seven				Grade Eight			
	Trimester Grades				Trimester Grades			
	1 st	2 nd	3 rd	Avg	1 st	2 nd	3 rd	Avg
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 8th Grade Level of Math

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

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

- 1st Year
- 3rd Year
- 2nd Year
- 4th Year

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