



## 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; disciplinary reports)

\_\_\_\_\_ 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:** \_\_\_\_\_

Please email this form to  
[admissions@haverford.org](mailto:admissions@haverford.org)  
or fax to 484-417-2710