



**STUDENT INFORMATION:**

Student's Legal Name \_\_\_\_\_

Student Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

I am applying for enrollment into Union Catholic High School and authorize the release of an unofficial copy of my records to Union Catholic.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Student's Signature

Name of School : \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip

**TO THE DIRECTOR OF GUIDANCE:**

The above-named student has requested that you forward an unofficial copy of his/her transcript to us. Please include the credits you allowed for each subject taken, standardized test results, and any other information which will assist us in our admission decision.

Thank you for your cooperation in this matter.

Jane Bowman '14  
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