

**“REQUEST FOR RECORDS”**

**PARENTS/GUARDIANS: PLEASE COMPLETE THE “X” AREAS & RETURN TO THE ADMISSIONS OFFICE. WE WILL FORWARD THIS FORM DIRECTLY TO THE RESPECTIVE SCHOOLS.**

**SAINT JOHN VIANNEY HIGH SCHOOL  
540A LINE ROAD  
HOLMDEL, NJ 07733  
ATTN: ADMISSIONS OFFICE**

**The Catholic schools within the Diocese of Trenton do not discriminate on the basis of race, color, sex, nationality or ethnic origin in the acceptance of students.**

**To be completed by student or parent:**

Students Name \_\_\_\_\_ Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Telephone (H) \_\_\_\_\_ First Choice High School \_\_\_\_\_

Date & Place of Birth \_\_\_\_\_ Second Choice High School \_\_\_\_\_

**To be completed by elementary/middle school:**

**ATTACH REPORTS OF GRADES 6, 7, 8 WITH EXPLANATION OF GRADING SYSTEM. ATTACH STANDARDIZED TEST SCORES FOR SAME GRADES. WE WILL ALSO NEED COPIES OF ANY DISCIPLINARY AND ATTENDANCE REPORTS. COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature & Title of Elementary/Middle School Official**

**Date** \_\_\_\_\_

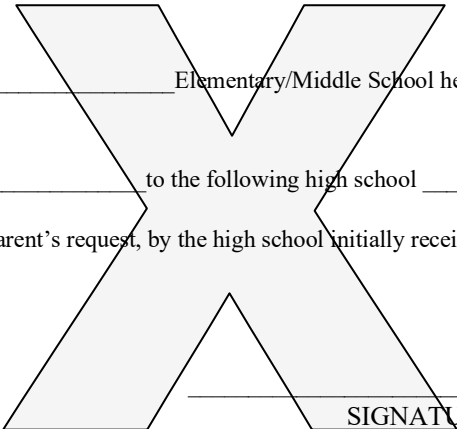
**To be completed by parent/guardian:**

The principal of \_\_\_\_\_ Elementary/Middle School hereby has my permission to release the mandated records of \_\_\_\_\_ (School Name)

\_\_\_\_\_ to the following high school \_\_\_\_\_ (Child's Name)

Information to other high schools will be sent, at parent's request, by the high school initially receiving the student's records.

\_\_\_\_\_ DATE



\_\_\_\_\_ SIGNATURE OF PARENT/GUARDIAN