



ARCHBISHOP  
**CARROLL**  
HIGH SCHOOL

## 8th Grade Records Release Non-Archdiocesan Students

\_\_\_\_\_  
Current School

Current Grade Level: \_\_\_\_\_ Gender: ☐ Male ☐ Female

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

\_\_\_\_\_  
Mailing Address (Number and Street or PO Box)

\_\_\_\_\_  
City, State, Zip Code

I request that copies of school record information be provided to Archbishop Carroll High School. The records should include copies of all school records as defined by public law 93-380, and any amendments thereto, including standardized test scores, latest quarter report cards, attendance records, discipline records, IEP/Evaluation Team Report (if applicable) and State of Ohio Graduation Test Scores. (Health records are not required at this time). These records will be used for consideration of admissions and appropriate education placement only and I am not requesting a permanent transfer of records at this time. A request for final records, including immunizations and health records will be made following course registration.

Please send the following records:

- Report cards for the last three years
- Attendance records
- Discipline records (if applicable)
- Standardized test scores/EOC scores
- ETR and IEP, 504 Plan or School Accommodation Plan
- Birth Certificate
- Identification of any high school courses completed

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

**Current school to complete the following and submit to Archbishop Carroll High School:**

Academic Motivation: ☐ Below Average ☐ Average ☐ Good ☐ Excellent

Completion of Assignments: ☐ Below Average ☐ Average ☐ Good ☐ Excellent

Personal Initiative: ☐ Below Average ☐ Average ☐ Good ☐ Excellent

Does this student have attendance concerns? ☐ Yes ☐ No

Does this student have discipline concerns? ☐ Yes ☐ No

Is this student receiving special education services? ☐ Yes ☐ No

Please check if this student has a current: ☐ IEP ☐ 504 ☐ School Plan

Is this student receiving ESL tutoring/language services? ☐ Yes ☐ No

What language(s) are spoken by the family besides English? \_\_\_\_\_

This student is recommended for: ☐ Pre-Algebra ☐ Algebra I ☐ Geometry



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**World Language curriculum completed by this student:**

Language: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Comments: \_\_\_\_\_

**Recommended Placement:**

	Honors	Scholarship	College Prep	Remedial
English				
Math				
Social Studies				
Science				

**Teacher Comments concerning placement:**

**Your school's contact information:**

Please provide the contact information for the person who should be contacted if there is a question in regards to these records:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Additional Comments regarding this student:**

*Please send a copy of records via email to Archbishop Carroll High School as soon as possible so that we may evaluate this student's admissions file. Please feel free to contact Heather Terbay, Director of Admissions, if you have any questions. Thank you!*

Heather Terbay, Director of Admissions

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