



Secondary Schools of the Oakland Diocese Grades Request Form

Student Name: _____

Present School: _____ # of Years _____ Previous School _____

(Grades 5 – 8 only)

School Phone: () _____ Ext. _____

Date: _____

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/report cards.** Please complete this form:

Subject	Grade Seven					Grade Eight				
	Quarter/Trimester Grades					Quarter/Trimester Grades				
	1 st	2 nd	3 rd	4 th	Year	1 st	2 nd	3 rd	4 th	Year
Religion										
Mathematics										
Reading										
English										
Spelling										
Science/Health										
Social Studies										
Foreign Language										
Music										
Art										
Effort										
Conduct										
Days Absent										
Days Tardy										

(Report National Percentiles)

Grade	Date	Name of Test	Reading	Math	Language Arts	Composite %
8 th						
7 th						

Indicate if special circumstances were used for standardized testing

Are the test scores an accurate reflection of the student's ability? Yes No

Please indicate 8th grade level of math:

Math 8 Pre-Algebra Algebra I (location: _____)

Name of current math text and publisher: _____

Math Placement Recommended

- Intro to Algebra
- Algebra I
- Geometry
- Other _____

Foreign Language Placement Recommended

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

Please indicate language studied: _____

Number of years studied: _____