



CATHEDRAL HIGH SCHOOL APPLICANT RECORD

School Year 20____ - 20____

A. Student Information					
		Phone Number	Birth Date		
Last Name	First Name	Middle Initial			
Last Name of Parent/Guardian (if different)		E-mail Address			
Mailing Address	Apt. #	City	State	Zip Code	
Catholic Parish and City (if applicable)			Current School and County/Location		

SECTIONS B – E TO BE COMPLETED BY THE SCHOOL OFFICE ONLY

B. School Record			
	Gr. 6	Gr. 7	Gr. 8
Religion			
Reading			
Language Arts			
Mathematics			
Social Studies			
Science			
Foreign Language			

C. Personal Progress			
	Gr. 6	Gr. 7	Gr. 8
Conduct			
Effort			
Days Late			
Days Absent			
Will student take any Regents exams in June?	YES	<input type="checkbox"/>	
	NO	<input type="checkbox"/>	
If yes, what subjects?			

D. Standardized Test Record						
	Grade 6		Grade 7		Grade 8	
	Nat'l %ile	(ADNY Only) Local %ile	Nat'l %ile	(ADNY Only) Local %ile	Nat'l %ile	(ADNY Only) Local %ile
Reading Total						
Language Total						
Mathematics Total						

	Student needs remediation.
	Student has an IEP on file.
	Please call me for more information.

E. Comments

Please place school stamp or seal in this box.

Date _____ Person completing this form _____ Title _____ Phone _____

Please submit this form along with the Application for Admissions to:
 Cathedral High School
 Director of Admissions
 350 East 56th Street, New York, NY 10022