



# PROVIDENCE ST. MEL SCHOOL

WORK PLAN BUILD DREAM

## STUDENT RECORDS & TRANSCRIPT REQUEST

Office of Admissions  
119 S. Central Park Blvd.  
Chicago, IL 60624-2998  
(773) 722-2222 Fax: (773) 265-3181

### To the School Head or Registrar:

The student named below has submitted an application for admission to Providence St. Mel School. To help us evaluate this student, please forward the following information to the address above:

- Current year report card / transcript
- Prior year report card / transcript
- Standardized test results (most current)
- Attendance and Discipline Summary Form – See Back
- Teacher Recommendation Form (Math or English)
- Principal, Dean, or Counselor Recommendation Form (Middle & High School Applicants Only)

Thank you for your assistance.

### To the Parents of the Applicant:

Please fill out this form and present it to the head or registrar of your son/daughter's current school. Providing the school with a stamped envelope addressed to Providence St. Mel School will expedite the process.

Student's Name: \_\_\_\_\_  
*First Middle Last*

Grade This Year: \_\_\_\_\_

Applying for Grade: \_\_\_\_\_

I request and authorize the release of school records, including a complete transcript and results of any standardized tests, to Providence St. Mel School. I understand that the records are confidential.

Parent Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**STUDENT ATTENDANCE & DISCIPLINE STATEMENT**

**To School Administrator (Principal, Dean, Administrator):**

The student listed below is being considered for admission to Providence St. Mel School. We are seeking his/her discipline and attendance information. Please provide the requested information and return to Providence St. Mel School. Your cooperation is greatly appreciated.

**Student Name:**

Name: \_\_\_\_\_ School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**School Administrator completing this section:**

_____	_____	_____
Name	Title	Phone
_____	_____	
Signature	Date	

Years in attendance: \_\_\_\_\_ to \_\_\_\_\_

For the most current school year: Days Absent: \_\_\_\_\_ Days Tardy: \_\_\_\_\_

Has the student ever been involved in any of the following incidents?  
 (If the answer is yes, please indicate the number of times such incident has occurred.)

- |   |     |     |                             |
|---|-----|-----|-----------------------------|
| <input type="checkbox"/> Truancy from class                                     | NO  | YES | Number of occurrences _____ |
| <input type="checkbox"/> Truancy from school                                    | NO  | YES | Number of occurrences _____ |
| <input type="checkbox"/> Fighting   | NO  | YES | Number of occurrences _____ |
| <input type="checkbox"/> Theft  | NO  | YES | Number of occurrences _____ |
| <input type="checkbox"/> Possession/Use of weapons                              | NO  | YES | Number of occurrences _____ |
| <input type="checkbox"/> Possession of alcohol/drugs                            | NO  | YES | Number of occurrences _____ |
| <input type="checkbox"/> Selling of drugs/drug paraphernalia                    | NO  | YES | Number of occurrences _____ |
| <input type="checkbox"/> Disrespect to teachers/school staff                    | NO  | YES | Number of occurrences _____ |
| <input type="checkbox"/> Disorderly conduct                                     | NO  | YES | Number of occurrences _____ |
| <input type="checkbox"/> Has the student ever been suspended?                   | NO  | YES | Number of occurrences _____ |
| <input type="checkbox"/> Has the student been expelled?                         | NO  | YES | Number of occurrences _____ |
| <input type="checkbox"/> Would you allow this student to return to your school? | YES | NO  |                             |

Please attach specific and pertinent details to any affirmative responses to the above statements or comment below.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_