



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) 722-9004

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.
