



# CATHEDRAL HIGH SCHOOL APPLICANT RECORD

School Year 20\_\_\_\_ - 20\_\_\_\_

## A. Student Information

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 YES ☐  
Regents exams in June? NO ☐

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						

<input type="checkbox"/>	Student needs remediation.
<input type="checkbox"/>	Student has an IEP on file.
<input type="checkbox"/>	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  
116 E 97<sup>th</sup> Street, New York, NY 10029