



HIGH SCHOOL

STUDENT INFORMATION:

Student's Legal Name _____

Student Address _____

Date of Birth _____

I am applying for enrollment into Union Catholic High School and authorize the release of an unofficial copy of my records to Union Catholic.

Parent's Signature Student's Signature

Name of School : _____

Address _____

City State Zip

TO THE DIRECTOR OF GUIDANCE:

The above named student has requested that you forward an unofficial copy of his/her transcript to us. Please include the credits you allowed for each subject taken, standardized test results, and any other information which will assist us in our admission decision.

Thank you for your cooperation in this matter.

Betsy Thornton
Director of Admissions
908-889-1600 x328
bthornton@unioncatholic.org