BISHOP STANG HIGH SCHOOL

Principal/School Counselor Recommendation

To Applicant's Parent/Guardian: Please complete this section and forward to your child's school. I hereby authorize _____ to release to Bishop Stang
PRINT NAME OF SCHOOL CURRENTLY ATTENDING
High School the information requested for _____.
PRINT APPLICANT'S LEGAL NAME

_____
PRINT PARENT/GUARDIAN NAME PARENT/GUARDIAN SIGNATURE DATE

To Applicant's Current School Personnel: The above named student is in the process of applying to Bishop Stang High School. Please complete this form in the knowledge that it may be retained in the student's file should the student matriculate at BSHS. In accordance with the Family Educational Rights and Privacy Act of 1974, the parents of matriculating students do have access to their permanent files which may include forms such as this one. BSHS does not provide access to admissions records of applicants, those students who are denied admission or those students who decline an offer of admission. BSHS does not discriminate on the basis of race, color, national or ethnic origin, age, sex or religion as required by Title IX of the Educational Amendments of 1972 and other federal legislature. **Please submit this report and the requested materials directly to the Bishop Stang Admissions Office.** Mail: 500 Slocum Road, Dartmouth, MA 02747 • Fax: 508-994-6756
Email: admissions@bishopstang.org • Phone: 508-996-5602

	Transcript of Current Academic Record (after 1st marking period)
	Previous Year's Final Report Card (for Grade 9 applicants) or **Complete High School Academic Transcript** (for Grade 10, 11 or 12 applicants)
	Standarized Testing Results MCAS, RISAP, MAP, IOWA, etc.
	Attendance Record If *not* included on report card
Y/N	**Does the applicant have a discipline record?** If yes, please include a copy
Y/N	**Does the applicant have a documented learning difference?** If yes, include: 1. Copy of Educational/Diagnostic Testing Results (within last 3 years) 2. Copy of IEP/504 Plan
Y/N	**Does the applicant have a physical disability or health concern?** If yes, please identify:
Whom should we contact if we have any questions about the information provided?	
Contact Name & Title:	
Contact Phone & Email:	

Overall academic potential	Above Average	Average	Below Average
Intellectual curiosity	Above Average	Average	Below Average
Study/Organizational skills	Above Average	Average	Below Average
Willingness to seek help when needed	Above Average	Average	Below Average
Ability to work independently	Above Average	Average	Below Average
Leadership skills	Above Average	Average	Below Average
School community participation level	Above Average	Average	Below Average

Please provide any additional information you feel we need on this applicant: