



# ARCHBISHOP CURLEY HIGH SCHOOL

## INFORMATION RELEASE FORM

3701 Sinclair Lane  
Baltimore, MD 21213  
www.archbishopcurley.org  
(410)-485-5000 phone (410)-485-6493 fax

**THIS MUST BE RETURNED TO ARCHBISHOP CURLEY HIGH SCHOOL BY THE DECEMBER 14, 2018.**

**PARENTS:** Please fill out the top portion of this form and submit to current school in time to be returned by our Application Deadline. Your signature gives permission for copies of your son's academic records and standardized testing to be sent to Archbishop Curley.

Student's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Parent E-mail: \_\_\_\_\_

Parent/Guardian Signature (permission for release) \_\_\_\_\_ Parent/Guardian Name (please print) \_\_\_\_\_ Date of Signature \_\_\_\_\_

**SCHOOL OFFICIAL:** Please complete and sign both sides of this form, attaching copies of the student's Academic Records and Standardized Testing for the previous (3) years. Feel free to attach additional sheets of paper if responding in depth to any portion of this section. Please send all materials to Archbishop Curley, Attention: Admissions by 12/14/18.

What is the first word that comes to mind when you think of this student? \_\_\_\_\_

**Academic Ability:** Please comment on this student's academic strengths and weaknesses.

	Outstanding	Above Average	Average	Below Average
Verbal ability				
Mathematical ability				
Creative ability				
Intellectual creativity				
Ability to grasp new concepts				

**Classroom Performance:** Please comment on this student's learning style. Note any special needs and any observed discrepancies between academic ability and classroom performance.

	Outstanding	Above Average	Average	Below Average
Classroom achievement				
Participation in discussions				
Writing mechanics				
Quality of written ideas				
Oral expression				
Work habits				
Ability to follow instructions				
Preparation for class				

**Personal Abilities:** Please comment on this student's social and emotional development.

	Outstanding	Above Average	Average	Below Average
Maturity for grade				
Maturity for age				
Perseverance				

**School Behavior:** Please comment on any noteworthy aspect of this student's school behavior.

	Outstanding	Above Average	Average	Below Average
Motivation				
Ability to work in a group				
Ability to work independently				
Response to suggestions and corrections				
Willingness to seek help				
Attention span				
Interaction with peers				
Respect for others				

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**Please circle the words that describe this student:**

aggressive	resistant	responsible	organized	assertive	passive
irresponsible	self-disciplined	follower	social	popular	distractible
overprotected	loner	energetic	distracting	positive leader	articulate
disobedient	confident	negative leader	perfectionist	manipulative	motivated
humorous	vivacious	restless	conscientious	anxious	cheerful
self-centered	compassionate	honest	irritable	easily discouraged	dishonest
impulsive	easily frustrated	kind	other _____		

**Please note any special clubs/programs in which the student is involved, that would help us to better understand him:**

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

**Please comment on the student-parent/guardian relationship: \_\_\_\_\_**

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

**Please describe the parent/guardian relationship with teachers and the school: \_\_\_\_\_**

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

**Any additional comments: \_\_\_\_\_**

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

Would you be willing to discuss this student by telephone if we have additional questions?  Yes  No

Is there information about this student that would be better communicated by telephone?  Yes  No

\_\_\_\_\_  
Evaluator's Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
School

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number