



# INFORMATION RELEASE FORM

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

**PARENTS:** Please fill out the top portion of this form and submit to your son's **CURRENT** school. This form should be submitted to his school by early November. Your signature gives permission for copies of your son's academic records to be sent to Archbishop Curley.

**THIS MUST BE RETURNED TO ARCHBISHOP CURLEY HIGH SCHOOL BY THE DECEMBER 17, 2021.**

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

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

Parent Phone: \_\_\_\_\_ 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. Along with this signed form, please include a copy of the following:

6th grade final report card

7th grade final report card

8th grade(quarter 1 OR trimester 1)report card

Any PAARC scores/Scantron testing/MAP testing and/or any other school issued standardized testing

Please feel free to also attach any additional documentation you may feel necessary that best supports this student. Please send all materials to Archbishop Curley, Attention: Admissions by 12/17/21 or email directly to Mrs. Gina Petr, [gpetr@archbishopcurley.org](mailto:gpetr@archbishopcurley.org).

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				

-please continue on back-



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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/get to know him:**

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

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

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

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

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

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

\_\_\_\_\_

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

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

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

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
School

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

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