

Providence Cristo Rey High School Request for Records

Current School: _____ Phone: _____

Address: _____ Fax: _____

City, State, Zip: _____

Student Name: _____

Address: _____

City, State, Zip: _____ Phone # _____

Date of Birth: _____ Current Grade in School: _____

The student named above currently attends your school, and is applying for admission at Providence Cristo Rey High School. This student has only applied for admission and should **not** be withdrawn from your program. Please send the following records to help us in the admissions process. **Thank you!**

- Official grades-most recent report card
- Discipline records
- Current grades/progress
- IEP (if applicable)
- Health and Immunization records
- Transcript of grades
- Psychological/ Special Education testing
- Attendance records
- ISTEP or other standardized test scores
- Student Test Number (STN)

Please send or fax records to:
Providence Cristo Rey High School
75 N. Belleview Place
Indianapolis, IN 46222
Fax: 317-860-1004 Phone: 317-860-1000

Parent/Guardian Release Form:

I hereby authorize the above named school to send the documents requested to Providence Cristo Rey High School.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name Printed: _____

Recommendation Form

Providence Cristo Rey High School requires that all applicants have recommendations from their current or previous school. All recommendation forms are distributed electronically to the appropriate school personnel. Please help us by filling out the information below:

Student Name: _____

Name of Current School: _____

Name of your current English Teacher: _____

Name of English Class: _____

Name of your current Mathematics Teacher: _____

Name of Mathematics Class: _____

Name of your current Principal: _____

Name of your current Counselor: _____