

Mater Dei High School
538 Church Street
New Monmouth, New Jersey 07748

Secondary School Report

Instructions: Students should complete Section 1 and submit the form to the Student Services Office. Counselors will complete Section 2 and 3 and forward the report along with the respective admission application to each school to which the student is applying.

Section 1 (to be completed by the student)

Students Name _____

Address _____
(Street) (City) (State) (Zip Code)

Date of Birth _____ Email Address _____

I am applying for: ___ Early Decision ___ Early Action ___ Regular Decision ___ Other

I recognize the confidential nature of this document and I ___ do ___ do not waive my right to access.

Student Signature _____ Date _____

Section 2 (to be completed by the school counselor)

High School Mater Dei High School High School CEEB# 310994
Address 538 Church Street, New Monmouth, New Jersey 07748
Phone (732) 671-9182 Fax (732) 671-9214

Counselor's Name Philip F. Masterson, Student Services Counselor
Email Address pmastersonmdhs@nac.net

Percentage of class attending: Four Year 67% institutions Two Year 30% institutions
Grading scale 4.5 Passing Grade D = 70 The GPA is unweighted
Cumulative GPA _____ Highest GPA in class 4.448

Class rank is calculated on a weighted GPA and is optional. Students rank _____ in a class of _____

Is the student's course selection ___ Most Demanding ___ Very Demanding ___ Demanding ___ Average ___ Below Average

Section 3

Is the academic record of this student an accurate indication of the student's ability? ___ Yes ___ No If not, please describe the circumstances.

Counselor letter of recommendation is attached

Counselor Signature _____ Date _____