



MATER DEI HIGH SCHOOL
Empowering Your Success

**538 CHURCH STREET
NEW MONMOUTH, NEW JERSEY 07748
PHONE 732-671-9100 FAX 732-671-9214
www.materdeihs.org**

TRANSCRIPT RELEASE FORM

Parent: This form is for the purpose of providing Mater Dei High School with academic information to be used as part of the admissions process. Please complete the form and submit it to Mater Dei High School with the Application for Admission.

Student's Name _____

Student's Address _____

Date of Birth _____

Home Phone _____ Other Phone: _____

SCHOOL NOW ATTENDING:

School Name _____

School Address _____

School Phone _____

The student named above has applied for admission to the _____ grade at Mater Dei High School. Please forward all pertinent school records, including grades (6th, 7th and any 8th grades for those entering into 9th grade), attendance records, comments, standardized test scores and child study team evaluation records to us. Thank you for your cooperation.

Office of Admissions
Mater Dei High School

PARENT/GUARDIAN RELEASE

I hereby authorize the release of all school records, including psychological and standardized testing and child study team evaluations, of the above-named student to Mater Dei High School.

Parent/Guardian Signature _____

Relationship _____

Date _____