

Request for Records

Date: ____/____/____

Dear Parent/Guardian,

Please complete this consent form and forward it to your child's **current Guidance Counselor or Principal**. The school official is then requested to forward this consent form, along with the requested information to the Admissions Office at Cristo Rey Newark High School.

Applicant's Name: _____

Applicant's Date of Birth: ____/____/____ Grade: _____

Current School: _____ City: _____

School Phone #: _____ School Fax#: _____

Principal/Guidance Counselor: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

My signature indicates consent to release my child's records to Cristo Rey Newark High School.

Dear Principal/Guidance Counselor,

Cristo Rey Newark High School has received a request for admission from the above listed student. In order to consider the admissions request, we require the student's academic records. Cristo Rey Newark hereby requests the academic records be mailed to the address below, faxed to 973-900-5488 or emailed to admissions@crestoreynewark.org.

Please submit the following:

- Most recent/final report card
- 6th and 7th grade transcripts (Transfer students submit 9th, 10th or 11th grade)
- 6th and 7th grade standardized test scores (Transfer students submit 9th, 10th &/or 11th grade)
- Copy of health and immunization records
- IEP/ISP records, if applicable
- Recommendation Forms
 - 2 Teacher Forms
 - Principal/Guidance Counselor Form

Please mail information to:

Mr. Terrence Kelleher
Admissions Director
Cristo Rey Newark High School
239 Woodside Ave
Newark, NJ 07104

or

Fax to: 973-900-5488

Questions?

Please call: 973-483-0033, x. 320

Email:

tkelleher@crestoreynewark.org