



Incoming Freshman Academic and Behavior Records

Section A- Parent/Guardian Release of Students Records

| | | |
|---|-----------------|------------------|
| Students Name: | Date of Birth: | Gender: |
| Current School: | City of School: | |
| Parent/Guardian Name: | Email: | |
| Address: | | |
| City: | State: | Zip Code: Phone: |
| Choice of 2020 Entrance Exam Date (Subject to change) | | |
| Saturday, December 12 (8 a.m. – 12 p.m.) _____ Saturday, January 23 (8 a.m. – 12 p.m.) _____ | | |
| I authorize the school below to release all transcripts and information requested on this form to Bishop Noll Institute. | | |
| Signature: | | Date: |

Dear Office Staff: Please complete SECTION B and return this form to Bishop Noll via fax at 219-853-1736.

SECTION B- ACADEMIC BACKGROUND

1. School Attendance

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|-----------------|------------------|
| Current School: | Grades Attended: |
| Days Absent: | Days Tardy: |

2. Does student have an IEP? Yes or No
If Yes please provide all documentation

3. Standardized Test Performance

| | | | | | |
|------------|--------------------|----------|-------------|--------------------------------------|-----------------------------------|
| Test Name: | Date Administered: | | | | |
| | Reading | Language | Mathematics | ISTEP English or State Standard Test | ISTEP Math or State Standard Test |
| N/P Score | | | | Pass Not Pass | Pass Not Pass |

4. Classroom Performance:
 Please attach a copy of the student's 7th and 8th grade report card(s).

5. Behavior Performance:
 If applicable, please attach a copy of the student's behavior records.

6. Home Language Survey Form
 Please attach a copy of the student's Home Language Survey form.

Do you believe this student will succeed at Bishop Noll Institute? Yes No

Please provide teacher or administrator recommendation.

Do you believe this student should attend summer school? Math: Yes No English Yes No

6. School Identification

Person's Name completing form: Principal