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**STUDENT DISCIPLINE RECORD**  
*CONFIDENTIAL*

**TO THE PARENT OR GUARDIAN:** I hereby authorize my son/daughter's school to forward to Archbishop Williams High School the Absence/Tardy/Discipline Records and any other pertinent information.

\_\_\_\_\_  
Signature of Parent or Guardian

**TO THE PRINCIPAL/COUNSELOR/TEACHER:** Please complete the following form.

Student: \_\_\_\_\_

School: \_\_\_\_\_ Town: \_\_\_\_\_

**EDUCATION REFORM ACT OF 1993**

Section 37, Section 37L of Chapter 71 of the General Laws, as appearing in the 1991 Official Edition, is hereby amended by adding the following...

"A student transferring into a local system must provide the new school system with a complete school record of entering student. Said record shall include, but not be limited to, any incidents involving suspension or violation or criminal acts or any incident reports in which such student was charged with any suspended act."

Under the Education Reform Act provisions we are requesting information relative to discipline. Please respond to the following:

- \_\_\_\_\_ No instances of office disciplinary action.
- \_\_\_\_\_ Several instances of disciplinary action. (Minor infractions – student cooperative)
- \_\_\_\_\_ Frequent need for office intervention.
- \_\_\_\_\_ At least one instance of serious actions requiring major disciplinary intervention.
- \_\_\_\_\_ Absence Record
- \_\_\_\_\_ Tardy Record

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach a copy of the disciplinary record to this form.**

Signature of the school official responsible for discipline:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: (*Print*) \_\_\_\_\_

Title: \_\_\_\_\_

**PLEASE COMPLETE THE TRANSCRIPT RECORD ON THE REVERSE SIDE.**

## TRANSCRIPT RECORD

**TO THE APPLICANT:** Please fill out the top section of this form and give it to the person in your school who is responsible for preparing records (principal, counselor, teacher). This form must be signed by a parent or guardian in order to give your school permission to send your transcript record.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
No Street City/Town State Zip

School Now Attending: \_\_\_\_\_ City/Town \_\_\_\_\_

School Phone: \_\_\_\_\_ Signature: \_\_\_\_\_  
Signature of Parent or Guardian

### SCHOOLS TO WHICH A TRANSCRIPT SHOULD BE SENT:


**TO THE PRINCIPAL/COUNSELOR/TEACHER:** This student is applying for admission to the school(s) listed above. If the student is to be given fair consideration, a full report from your school is essential. This information is needed by December 15th.

#### GRADE 7

Course	Level of Course	Year's Average
Religion		
English		
Math		
Science		
Reading		
Social Studies		
French		
Spanish		

#### GRADE 8

Course	Level of Course	Year's Average
Religion		
English		
Math		
Science		
Reading		
Social Studies		
French		
Spanish		

**SPECIAL ACCOMMODATIONS:** Please check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> I.E.P./504 Plan<br><input type="checkbox"/> Resource Room<br><input type="checkbox"/> Preferential Seating<br><input type="checkbox"/> Other ( <i>explain</i> ) _____ | <input type="checkbox"/> Inclusion<br><input type="checkbox"/> Partial Inclusion<br><input type="checkbox"/> Extra Time for Tests |
|--|---|

**STANDARD TEST RESULTS:**

	<i>Test</i>	<i>Date Given</i>	<i>Grade Level/Percentile</i>
Verbal	_____	_____	_____
Mathematics	_____	_____	_____
Reading	_____	_____	_____

**RECOMMENDATION:**     With Enthusiasm     Recommend     Reservation     Do Not Recommend

Please elaborate \_\_\_\_\_  
 \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

If you prefer to discuss this applicant by telephone, please complete the following:

Your telephone \_\_\_\_\_ Best time for you to receive a call:     day     evening

Your name (*Print*) \_\_\_\_\_ Your Position \_\_\_\_\_

Signature \_\_\_\_\_ Date Mailed \_\_\_\_\_