Records Release/Recommendation Form

Section A – Parents
Complete Section A below (TYPE or PRINT) and sign it, giving the required permission of the release of your child's academic records and standardized testing results. Once Section A is completed, forward the form to the school your child currently attends. (Not to be completed by students applying who currently attend a school in the Archdiocese of Baltimore.)

Student's Name

Last

First

Middle Initial

Student's Address

Number & Street

City

State

Zip Code

Home Telephone

Parent/Guardian Work Phone

Name of Current School

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date

Section B – School Officials
Please complete and sign Section B of this application and attach a copy of this student's academic record and standardized testing results (6th to 8th grades) and forward to: Mount Saint Joseph High School, Admissions Office, 4403 Frederick Avenue, Baltimore, MD 21229

1. Academic Qualities

Academic Ability

- Outstanding
- Good
- Average
- Limited
- No basis for judgement

Academic Achievement

- Far above expectations
- Better than tests
- As expected
- Below expectations
- No basis for judgement

Self Motivation

- Well motivated
- Some desire to learn
- Only that required
- Does very little
- No basis for judgement

Study Habits

- Well-organized
- Usually gets work done
- Easily distracted
- Poor Habits
- No basis for judgement

Intellectual Curiosity

- Strong & varied
- One area only
- Occasional spark
- Limited
- No basis for judgement

Ability to work

- Always works well
- Usually effective
- Sometimes unable to cope
- Has great difficulty in a group
- No basis for judgement

Participation in Discussion

- Joins in readily
- Participates occasionally
- Contributes when called on
- Dominates
- No basis for judgement

Reads for pleasure

- Constantly
- Frequently
- Occasionally
- When prodded
- No basis for judgement

Writing ability

- Ideas/mechanics excellent
- Ideas good/mechanics fair
- Ideas fair/mechanics good
- Ideas/mechanics limited
- No basis for judgement

Oral expression

- Exceptional
- Good
- Has some difficulty
- Limited
- No basis for judgement

Continued ➤
Academic Qualities continued

<table>
<thead>
<tr>
<th>Follows directions</th>
<th>Quick &amp; correctly</th>
<th>Occasionally needs help</th>
<th>Needs much explaining</th>
<th>No basis for judgement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uses suggestions or corrections</td>
<td>Always</td>
<td>Usually</td>
<td>Occasionally</td>
<td>Rarely</td>
</tr>
<tr>
<td>Seeks help when needed</td>
<td>Always</td>
<td>Usually</td>
<td>Occasionally</td>
<td>Rarely</td>
</tr>
<tr>
<td>Attention span</td>
<td>Exceptionally good</td>
<td>Usually good</td>
<td>Occasionally distracted</td>
<td>Easily distracted</td>
</tr>
</tbody>
</table>

2. What words come to mind when describing this applicant?

3. Personal Qualities

Maturity
- Very mature
- Above average
- Normal
- Somewhat immature
- Very immature

Consideration of others
- Unusually thoughtful
- Usually considerate
- Rarely considerate
- Selfish

Peer social adjustment
- Healthy relationships
- Occasional minor problems
- Frequent minor problems
- Relates poorly

Self-confidence
- Healthy self-image
- Needs some support
- Appears overly confident
- Needs much reassurance

Integrity
- Very honest
- Usually trustworthy
- Some reservations
- Untrustworthy

Conduct
- Well behaved
- Usually obeys rules
- Occasional misconduct
- Frequent disruptions

4. Has the applicant been evaluated for any reason?  
- Yes*
- No
- Don’t know

5. Have you observed any signs of learning disabilities?  
- Yes*
- No
- Don’t know  
*If yes (4 and/or 5), please explain in the space below.

6. What are the applicant’s special interests?

7. Additional student information:

8. Would you like to be contacted in reference to this student?  
- Yes
- No
- Phone number

Name

School

Title

Signature

Send this form, student’s academic record and standardized testing results to:  
Mount Saint Joseph High School  
4403 Frederick Ave.  
Baltimore, Maryland 21229
# Application for Admission

(Please Print)

<table>
<thead>
<tr>
<th>Student's Name</th>
<th>LAST</th>
<th>FIRST</th>
<th>MIDDLE INITIAL</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student's Address</th>
<th>NUMBER &amp; STREET</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
<td>COUNTY</td>
<td>STATE</td>
<td>ZIP CODE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Telephone</th>
<th>Date of Birth</th>
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<table>
<thead>
<tr>
<th>Social Security #</th>
<th>Parent's E-mail</th>
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<table>
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<tr>
<th>Current School</th>
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<tr>
<th>Current Grade</th>
<th>Grade Applying for</th>
<th>Religion</th>
<th>Parish or Church</th>
</tr>
</thead>
</table>

**With whom do you primarily reside? (check one)**

- [ ] Mother and Father
- [ ] Mother
- [ ] Father
- [ ] Guardian

**Father’s Name**

[ ] Mr.  [ ] Dr.  LAST  FIRST  MIDDLE INITIAL

<table>
<thead>
<tr>
<th>Father’s Address (if other than above)</th>
<th>NUMBER &amp; STREET</th>
<th></th>
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<tbody>
<tr>
<td>CITY</td>
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<tr>
<th>Home Telephone</th>
<th>Business Phone</th>
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<tr>
<th>Employer</th>
<th>Occupation/Title</th>
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**Mother’s Name**

[ ] Ms.  [ ] Mrs.  [ ] Dr.  LAST  FIRST  MIDDLE INITIAL

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</tr>
</thead>
</table>

If you live with a guardian, please provide the guardian’s name and relationship to you:

**Guardian’s Name**

LAST  FIRST

**Relationship**

Please indicate any diagnosed learning disabilities: (please include documentation)

---

Do you intend to apply to:  [ ] The DePaul Program (Dyslexic Students)

*If yes, the application must be received by December of the year applying. Upon receipt, additional information will be sent to you from Mount Saint Joseph.*
Has applicant skipped a grade? [ ] Yes [ ] No  Has applicant repeated a year? [ ] Yes [ ] No

Number of older brothers:  
Younger brothers:  
Older sisters:  
Younger sisters:  

Person responsible for payment or tuition:  

LAST  

FRST  

Address:  

NUMBER & STREET:  

CITY:  

STATE:  

ZIP CODE:  

Please provide the name, relationship, and year of graduation for any relative who attends or has graduated from MSJ:

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>YEAR OF GRADUATION</th>
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What made you interested in Mount Saint Joseph?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Mount Saint Joseph is my [ ] First choice [ ] Second choice [ ] Third choice [ ] Other schools applying to:

Name any hobbies or sports of interest:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Circle the activities in which you might be interested while attending Mount Saint Joseph

**Student activities**

- Language Club
- Literary Magazine
- Ski Club
- Student Council
- Cultural Awareness Club
- Photography Club
- Fishing Club
- Newspaper
- Yearbook
- Campus Ministry Team
- Environmental Club
- National Honor Society
- Drama Club
- Cycling Club
- Speech and Debate Team
- WMSJ-TV News Team
- Leadership Club
- It's Academic
- Concert Band - Instrument:  
  - Jazz Ensemble - Instrument:

**Athletics**

- Water Polo
- Lacrosse
- Basketball
- Football
- Cross Country
- Volleyball
- Tennis
- Wrestling
- Golf
- Soccer
- Rugby
- Indoor & Outdoor Track
- Swimming
- Rugby
- Ice Hockey
- Water Polo
- Cross Country
- Golf

Why do you want to learn at Mount Saint Joseph?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signatures:

APPLICANT:  

MOTHER (OR LEGAL GUARDIAN):  

FATHER (OR LEGAL GUARDIAN):  

Today's date:  

Send Applications to:  
Director of Admissions  
Mount Saint Joseph High School  
4403 Frederick Ave.  
Baltimore, Maryland 21229