



Clearwater Central Catholic High School

"Where Possibility and Opportunity Meet"



Release of Records Form for 9th Grade Applicants

(Please provide this form to your child's current school)

Name of Student: _____
Last First Middle

Date of Birth: _____

Name of Current School: _____

School Location: _____
City State Zip

I hereby authorize you to release to Clearwater Central Catholic High School the following academic records, information and recommendations for placement:

- Most Recent Standardized Test Results
- Student's Academic Record (7th and 8th grade for students applying for 9th grade)
- Other Information Deemed Appropriate
- Recommendations below for Freshman Course Placement-Completed by Middle School Teacher(s)

Parent Signature _____ Date _____

***REQUIRED**

Recommendations For Incoming Freshman Placement

***REQUIRED**

Please indicate below the level at which this student would be most successful. This recommendation is to be sent to CCCHS with academic records.

MATH

ENGLISH

SPANISH

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Algebra 1 | <input type="checkbox"/> English 1 | <input type="checkbox"/> Spanish 1 | <input type="checkbox"/> Study Skills |
| <input type="checkbox"/> Algebra 1 Honors | <input type="checkbox"/> English 1 Honors | <input type="checkbox"/> Spanish 1 Honors | |
| <input type="checkbox"/> Geometry Honors | | <input type="checkbox"/> Spanish 2 Honors | |
| <input type="checkbox"/> Algebra 2 Honors | | <input type="checkbox"/> Spanish 3 Honors | |

Person(s) completing this recommendation: _____

Records and Recommendations should be sent via email to:
Clearwater Central Catholic High School, Mary Pat Sharer, Assistant Director of Enrollment
msharer@ccchs.org • PH: 727-531-1449, ext. 343