



**ARCHDIOCESE OF SEATTLE
CATHOLIC SCHOOLS
CUMULATIVE RECORD FORM**

School: _____

Address: _____

City: _____

STUDENT DATA

☐F ☐M

| Last Name of Student | First | Middle | Sex | Grade Entered | Date |
|----------------------|-------|--------|-----|---------------|------|
|----------------------|-------|--------|-----|---------------|------|

| Home Address | City | Zip code | Home phone |
|--------------|------|----------|------------|
|--------------|------|----------|------------|

☐Yes ☐No

| Birth date | City | State | Catholic | Parish Affiliation |
|------------|------|-------|----------|--------------------|
|------------|------|-------|----------|--------------------|

FAMILY DATA

| Parent(s) child resides with | Religion: | Father | Mother |
|------------------------------|-----------|--------|--------|
|------------------------------|-----------|--------|--------|

| Name of other Parent, Step Parent or Guardian | Address | City | State | Zip code |
|--|---------|------|-------|----------|
|--|---------|------|-------|----------|

SACRAMENTAL DATA

BAPTISM:

| Date | Church | City | State | Baptism Certification |
|------|--------|------|-------|-----------------------|
|------|--------|------|-------|-----------------------|

TRANSFER DATA

Schools Previously Attended:

| Date | Grade(s) | School | City | * Reason for Transfer |
|------|----------|--------|------|-----------------------|
|------|----------|--------|------|-----------------------|

| Date | Grade(s) | School | City | * Reason for Transfer |
|------|----------|--------|------|-----------------------|
|------|----------|--------|------|-----------------------|

Transfer to:

| Date | Grade(s) | * Reason | Records transferred to |
|------|----------|----------|------------------------|
|------|----------|----------|------------------------|

-or- Graduated:

| Date | Records sent to High School | City |
|------|-----------------------------|------|
|------|-----------------------------|------|

* Reason for transfer: 1) Moved 2) Parental Wish 3) Academic Needs 4) Consolidation 5) Unknown

TEST INFORMATION (continued on back)

Student Name: _____

Signature of Home Room Teacher: _____

| | | | | | | | | | | |
|------------------------|---|---|---|---|---|---|---|---|---|--|
| School Year: | | | | | | | | | | |
| Grade: | K | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| Religion: | | | | | | | | | | |
| Reading: | | | | | | | | | | |
| Language Arts/English: | | | | | | | | | | |
| Spelling: | | | | | | | | | | |
| Science: | | | | | | | | | | |
| Social Studies: | | | | | | | | | | |
| WA State History: | | | | | | | | | | |
| Mathematics: | | | | | | | | | | |
| Pre-Algebra: | | | | | | | | | | |
| Algebra: | | | | | | | | | | |
| Technology: | | | | | | | | | | |
| World Language: | | | | | | | | | | |
| Handwriting: | | | | | | | | | | |
| Performing Arts: | | | | | | | | | | |
| Visual Arts: | | | | | | | | | | |
| Physical Education: | | | | | | | | | | |
| | | | | | | | | | | |
| Conduct: | | | | | | | | | | |
| Work and Study Habits: | | | | | | | | | | |
| Days Absent: | | | | | | | | | | |

| |
|----|
| K. |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |
| 7. |
| 8. |
| |

SUGGESTED MARKING CODES:

| | |
|----------|--------------------------|
| A | Superior Quality |
| B | Above Average |
| C | Average |
| D | Inadequate Understanding |
| F | Failure to Understand |
| O | Outstanding |
| G | Good |
| S | Satisfactory |
| I | Needs Improvement |
| H | Having Difficulty |
| + | High |
| ✓ | Average |
| - | Low |

TEST INFORMATION

* Use of this form does not indicate sponsorship, direction, administration or management by CCAS, pastors or staff of this institution.