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
				Select from Menu
				Select from Menu

Transfer to:

Date	Grade(s)	* Reason	Records transferred to
		Select from Menu	

-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

4	Exceeding Standard
3	Meeting Standard
2	Approaching Standard
1	Below Standard

+	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.

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