



A college preparatory high school for young women

Admissions Office

415-584-5929

Mercy High School San Francisco

admissions@mercyhs.org

FAX#: 415-334-9726

Student's Name: _____ **Current School** _____

To counselor, teacher or principal: Please complete and FAX or mail this form **Mercy High School**.

Subject	Grade Seven					Grade Eight				
	Quarter Grades					Quarter Grades				
	1 st	2 nd	3 rd	4 th	Year	1 st	2 nd	3 rd	4 th	Year
Religion										
Mathematics										
Reading										
English										
Spelling										
Social Studies										
Science & Health										
*Foreign Language										
Music										
Art										
Effort										
Conduct										
Days Absent										
Days Tardy										

**Standardized Test Scores
(Report National Percentiles)**

Grade	Date	Name of Test	Reading	Math	Language Arts	Composite Percentile
8 th						
7 th						

➤ Indicate if special circumstances were used for standardized testing

Please indicate 8th Grade Level of Math

- Math 8
- Pre-Algebra
- Algebra 1 (Part Year)
- Algebra 1 (Full Year)
- Geometry

*Please indicate language studied _____

and _____
number of years studied _____

Please indicate math text used _____

Math Placement Recommended Intro to Algebra Algebra 1 Accelerated Placement