



Pope John XXIII High School

888 Broadway, Everett, MA 02149 • 617.389.0240 • www.popejohnhs.org

Final Transcript Request

Dear Parents/Guardians,

Due to the closing of Pope John XXIII High School, parents/guardians are now faced with the decision as to where their son/daughter will continue their education next year.

Parents/Guardians, **NOT STUDENTS**, must request in writing the transfer of final transcripts from Pope John to the new school. In order to facilitate this process, please choose one of the following options:

1. Transfer Exit Form (attached) – Please complete and return this form to Pope John.
2. Email – You may email your request to Mrs. Moccia at jmoccia@popejohnhs.org. Please include the STUDENT NAME and NAME AND ADDRESS OF NEW SCHOOL.
3. Fax – You may fax your request to Mrs. Moccia at 617-389-2201. Please include the STUDENT NAME and NAME AND ADDRESS OF NEW SCHOOL.

TELEPHONE CALLS WILL NOT BE ACCEPTED. WE NEED A REQUEST IN WRITING TO TRANSFER THE FINAL RECORDS.

PLEASE REMEMBER: All financial obligations to Pope John **MUST BE PAID IN FULL** before records can be sent to the new school.

In the event that you have not made a decision as to where your child will attend school next year, you may contact the school and make arrangements to pick up your child's records the last week of June. **RECORDS CANNOT BE GIVEN TO STUDENTS!** All student records need to be transferred to the new school by the end of June. Records still remaining at the school will be sent to the Archdiocesan offices in Braintree.

Everyone here at Pope John will do all we can to make this very difficult time as easy as possible. Please reach out to us with any questions or concerns.

Best,

Carl DiMaiti
Head of School

Thomas Mahoney
Principal

Pope John XXIII High School
888 Broadway, Everett, MA 02149
617-389-0240 Fax 617-389-2201

TRANSFER EXIT FORM

It is my decision to transfer my son/daughter _____
from Pope John XXIII High School.

Please send all records to _____ High School.

Reason for transfer (required) _____ School Closing _____

Parent/Guardian Signature _____
Date

Please note that records will not be released unless all financial obligations have been paid in full.

This form should be completed and returned to the Guidance Department.
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FOR SCHOOL USE ONLY:
Please sign below authorizing release of the above-named student's records:

Head of School Finance Department Guidance Counselor

Records sent _____ Records picked-up by _____ on _____