

CONFIDENTIAL SCHOOL REPORT / TRANSCRIPT REQUEST

DUE DATE _____

Student is applying for grade

9 10 11 12

This form is confidential and will be used solely for admissions and placement; it includes common admissions questions developed by Catholic high schools in the Archdiocese of Seattle. Only the transcript will become part of the student's permanent record.

APPLICANT: Please complete this page and give the entire form to your school principal. He/she will return it, along with a copy of your official transcript/permanent record, standardized test scores, report cards from the preceding two years, grades/progress reports from the current year, and any notices of disciplinary action (NDA) directly to the schools you check below.

TO BE COMPLETED BY APPLICANT

Student Name: _____

last first middle preferred

Address: _____

street city state ZIP

Home Phone: _____

Gender: F M

Birthdate: _____

- -

Current School: _____

Parents/Guardians:

Name

Phone (home)

Phone (work /cell)

E-mail

Name

Phone (home)

Phone (work /cell)

E-mail

I hereby give permission for my daughter's/son's transcript to be forwarded to the Catholic high schools indicated below.

Parent/Guardian Signature

Date

Please check appropriate boxes:

- | | |
|--|--|
| <input type="checkbox"/> Archbishop Thomas J. Murphy High School
Director of Admissions
12911 39th Ave. SE, Everett, WA 98208-6159
(425) 379-6363 / (425) 385-2875 FAX
www.am-hs.org | <input type="checkbox"/> Holy Names Academy
Vice Principal of Academics
728 21st Ave. E, Seattle, WA 98112-4058
(206) 323-4272 / (206) 323-5254 FAX
www.holynames-sea.org |
| <input type="checkbox"/> Bishop Blanchet High School
Director of Admissions
8200 Wallingford Ave. N, Seattle, WA 98103-4599
(206) 527-7741 / (206) 527-7712 FAX
www.bishopblanchet.org | <input type="checkbox"/> John F. Kennedy Catholic High School
Director of Admissions
140 S 140th St., Burien, WA 98168-3496
(206) 246-0500 / (206) 242-0831 FAX
www.kennedyhs.org |
| <input type="checkbox"/> Eastside Catholic School
Director of Admissions
232 228th Ave. SE, Sammamish, WA 98074-7207
(425) 295-3014 / (425) 392-5160 FAX
www.eastsidecatholic.org | <input type="checkbox"/> O'Dea High School
Director of Admissions
802 Terry Ave., Seattle, WA 98104-1294
(206) 622-1308 / (206) 340-4110 FAX
www.odea.org |
| <input type="checkbox"/> Forest Ridge School of the Sacred Heart
Director of Admissions
4800 139th Ave. SE, Bellevue, WA 98006-3099
(425) 201-2421 / (425) 643-3881 FAX
www.forestridge.org | <input type="checkbox"/> Seattle Preparatory School
Director of Admissions
2400 11th Ave. E, Seattle, WA 98102-4098
(206) 577-2146 / (206) 577-2198 FAX
www.seaprep.org |

CONFIDENTIAL TEACHER EVALUATION FORM

DUE DATE _____

Student is applying for grade

9 10 11 12

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APPLICANT: Please complete this page and give the entire form to your current teacher. He/she will return it directly to the schools you check below.

TO BE COMPLETED BY APPLICANT

Student Name _____
last first middle preferred

Address _____
street city state ZIP

Home Phone: _____ Gender: F M Birthdate: _____ - _____ - _____

Current School: _____

Parents/Guardians:

Name Phone (home) Phone (work/cell) E-mail

Name Phone (home) Phone (work/cell) E-mail

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