

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 (please print)

Student Name: _____

last first middle preferred

Address: _____

street city state ZIP

Home Phone: _____

Sex: 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
<i>Director of Admissions</i>
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
<i>Vice Principal of Academics</i>
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
<i>Director of Admissions</i>
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
<i>Director of Admissions</i>
140 S 140th St., Burien, WA 98168-3496
(206) 246-0500 / (206) 242-0831 FAX
www.kennedyhs.org |
| <input type="checkbox"/> Eastside Catholic School
<i>Director of Admissions</i>
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
<i>Director of Admissions</i>
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
<i>Director of Admissions</i>
4800 139th Ave. SE, Bellevue, WA 98006-3099
(425) 201-2421 / (425) 643-3881 FAX
www.forestridge.org | <input type="checkbox"/> Seattle Preparatory School
<i>Director of Admissions</i>
2400 11th Ave. E, Seattle, WA 98102-4098
(206) 577-2146 / (206) 577-2198 FAX
www.seaprep.org |

Student Name _____

TO BE COMPLETED BY THE OFFICE OF THE PRINCIPAL

Please complete this confidential form as accurately as possible and sign at the bottom of this page. If the student is applying to more than one high school, please photocopy this **completed form** and send it, along with a copy of the **student's official transcript/permanent record, standardized test scores, report cards from the preceding two years, grades/progress reports from the current year, and any NDA** (notice of disciplinary action) to the high schools indicated by the applicant on the other side of this page.

Name of person completing form _____

Position _____ E-mail _____

School _____ Telephone _____ Ext. _____

How many years has the applicant attended your school? _____

This year, how many times has the applicant been absent? _____ Tardy? _____

In the last three years, has the applicant ever been suspended? _____ Expelled? _____

If yes, please include NDA (notice of disciplinary action).

The applicant has completed or will complete Washington State History: _____ 7th Grade _____ 8th Grade

Does the applicant's family meet contractual obligations in a timely fashion? _____ Always _____ Mostly _____ Rarely

Are the parents/guardians actively involved in the school community? _____ Always _____ Mostly _____ Rarely

Do the parents/guardians demonstrate respect for all members of the school community? _____ Always _____ Mostly _____ Rarely

COMMENTS

OPTIONAL: I would like a telephone conference to provide further information: _____ Yes

If yes, best time to call _____ Phone number to call _____ Ext. _____

CHECKLIST

Along with this form, please forward the following items to **each** Catholic high school indicated by the applicant on the other side of this page.

- _____ Official transcript/permanent record
- _____ Standardized test scores
- _____ Report cards from the preceding two years
- _____ Grades/progress reports from the current year
- _____ NDA (notice of disciplinary action)

PRINCIPAL'S SIGNATURE _____ **DATE** _____

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 in a core academic subject. He/she will return it directly to the schools you check below.

TO BE COMPLETED BY APPLICANT (please print)

Student Name _____

last first middle preferred

Address _____

street city state ZIP

Home Phone: _____ Sex: 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:

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12911 39th Ave. SE, Everett, WA 98208-6159
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www.am-hs.org

Holy Names Academy
Vice Principal of Academics
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(206) 323-4272 / (206) 323-5254 FAX
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(425) 201-2421 / (425) 643-3881 FAX
www.forestridge.org

Seattle Preparatory School
Director of Admissions
2400 11th Ave. E, Seattle, WA 98102-4098
(206) 577-2146 / (206) 577-2198 FAX
www.seaprep.org

Student Name _____

School _____

TO BE COMPLETED BY THE TEACHER

Please complete the remaining pages of this confidential form as accurately as possible and sign at the bottom of page 3. If you would like a telephone conference to provide additional information, check the space provided on page 3. If the student is applying to more than one high school, please photocopy this completed evaluation form and send a copy, by the due date, to the high schools indicated by the applicant on the previous page.

Name of person completing form _____ E-mail _____

Position _____ Subject taught _____

School _____ Telephone _____ Ext. _____

How long have you known the applicant? _____ In what capacity? _____

What are the first few words that come to mind to describe the applicant? _____

THE STUDENT:	All of the time	Most of the time	Some of the time	Rarely	Comments
Displays intellectual creativity					
Demonstrates higher-level thinking skills					
Works to potential					
Participates actively in class					
Works well independently					
Works well with others					
Completes work on time					
Manages time effectively					
Is punctual					
Responds appropriately to criticism					
Takes responsibility for actions					
Cooperates with teachers					
Respects the learning environment					
Relates well to others					
Treats others with respect and dignity					
Demonstrates integrity					
Demonstrates leadership qualities					
Participates in school activities					

Student Name _____

School _____

Please give your realistic appraisal of the student's academic strengths/weaknesses and work ethic. Indicate any unique talents, personal qualities, or special circumstances. Be sure to describe special accommodations, or modified curricula needed in the classroom.

Please leave this box blank until you have photocopied the appropriate number of completed forms for the student, remembering to fill in the placement information on the back before copying. Then, if you would like to add any specific information pertaining to a particular school, please do so in the space provided below.

SPECIFIC INFORMATION FOR _____

name of high school

I recommend this student for the high school designated above

_____ enthusiastically _____ with confidence _____ with reservations _____ not at all

Additional comments:

OPTIONAL: I would like a telephone conference to provide further information: _____ Yes

If yes, best time to call _____ Phone number to call _____ Ext. _____

PRINTED NAME _____

SIGNATURE _____ DATE _____

PLEASE TURN PAGE 

Student Name _____ School _____

PLACEMENT INFORMATION

This information must be completed before the form is returned. Please circulate to appropriate faculty.

ENGLISH

Given the applicant's academic ability, writing skills, self-motivation, and work ethic, this student would be most successful in:

_____ an advanced program _____ a standard program _____ a program that is below grade level _____ other

Comments _____

Name of current English teacher _____ E-mail _____

Best time to reach English teacher by phone _____ Phone number _____ Ext. _____

MATHEMATICS

Name of mathematics course completed by the end of this school year _____

Current mathematics text and publisher _____

What next course would you recommend for this student? _____

At what level?

_____ an advanced program _____ a standard program _____ a program that is below grade level _____ other

Comments _____

Name of current math teacher _____ E-mail _____

Best time to reach math teacher by phone _____ Phone number _____ Ext. _____

INTERNATIONAL LANGUAGE

Does the student speak a language other than English at home? ___ No ___ Yes Which language? _____

Has the applicant studied an international language? ___ No ___ Yes Which language? _____

In which grade levels? (circle all that apply) 7 8 9 10 11 How many hours per week does current class meet? _____

Current language text and publisher _____

What next course would you recommend for this student? _____

Comments _____

Name of current language teacher _____ E-mail _____

Best time to reach language teacher by phone _____ Phone number _____ Ext. _____