

# 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:

**Archbishop Thomas J. Murphy High School**

Director of Admissions

12911 39th Ave. SE, Everett, WA 98208-6159

(425) 332-3036 / (425) 385-2875 FAX

www.am-hs.org • admissions@am-hs.org

**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 • admissions@holynames-sea.org

**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 • mpierce@bishopblanchet.org

**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 • admissions@kennedyhs.org

**Eastside Catholic School**

Director of Admissions

232 228th Ave. SE, Sammamish, WA 98074-7207

(425) 295-3014 / (425) 392-5160 FAX

www.eastsidecatholic.org • jward@eastsidecatholic.org

**O'Dea High School**

Director of Admissions

802 Terry Ave., Seattle, WA 98104-1294

(206) 622-1308 / (206) 340-4110 FAX

www.odea.org • kpatterson@odea.org

**Forest Ridge School of the Sacred Heart**

Director of Admissions

4800 139th Ave. SE, Bellevue, WA 98006-3099

(425) 641-0700 / (425) 643-3881 FAX

www.forestridge.org • admissions@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 • aalokolaro@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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www.holynames-sea.org • admissions@holynames-sea.org

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8200 Wallingford Ave. N, Seattle, WA 98103-4599  
(206) 527-7741 / (206) 527-7712 FAX  
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(206) 577-2146 / (206) 577-2198 FAX  
www.seaprep.org • aalokolaro@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 \_\_\_\_\_

**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) 6 7 8 9 10    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. \_\_\_\_\_