



REQUEST FOR TRANSCRIPTS

Name of Student: _____

Date of Birth: _____ Grade: _____

I _____ request that _____ send the
(Parent Name) (Present School)

following official documents to MATER DEI CATHOLIC HIGH SCHOOL.

Thank you for sending these documents to MDCHS as they are a part of the admissions process for our child. Please call me if you have any questions regarding the request of these documents.

(Parent Signature)

(Date)

(Phone Number)

Instructions for the School:

Official Transcripts and records are to be mailed from the current school. MDCHS *will not accept transcripts submitted by the parent or student.*

INCOMING 9th GRADE APPLICANTS: Please mail official copies of:

- Grades from 7th grade and grades from First Semester of 8th grade.
- Standardized test scores
- CSIR immunizations.

INCOMING 10th and 11th GRADE APPLICANTS: Please mail official copies of:

- Grades from the last two years.
- Grades from First Semester of current school year.
- Standardized test scores
- CSIR immunizations.

Please Mail To: MATER DEI CATHOLIC HIGH SCHOOL
ADMISSIONS OFFICE
1615 MATER DEI DRIVE
CHULA VISTA, CALIFORNIA 91913

Name (print) _____ Position _____

Signature _____ Date _____

School _____

Address _____ City _____ State _____ Zip _____