

Transfer Student Applicant Request for Student Information



Directions:

For Parents:

Please sign form and return to the school your child is presently attending.

For School Secretary or Counselor:

The student listed below is applying for admission to Seton Catholic High School. Please forward the requested records listed below to Seton Catholic to assist us in evaluating this student for admission. ***Permanent records will be requested at a later date after admission.***

Permission of Release

- I hereby authorize the release to Seton Catholic copies of my son/daughter transcripts, test scores, and recommendation forms.
- I also give my permission for behavioral records and/or special education records to be sent to the high school.

Student Name _____

From _____

Name of Current School

Phone

School Street Address

City

State

Zip

Parent/Guardian Name (please print) _____ Date _____

Parent/Guardian Signature _____

(To the School Secretary or Counselor: This Request Form is for your Records)

Please send Records to:

Keri Kutch, Director of Admissions

Seton Catholic High School

9000 NE 64th Avenue

Vancouver, WA 98665

Phone: (360) 258-1932

Fax: (360) 258-1936

Email: kkutch@setonhigh.org