



*A Comprehensive College Preparatory
Catholic High School*

TRANSCRIPT REQUEST FORM

PARENT AUTHORIZION FOR RELEASE OF SCHOOL RECORDS

Applicant, please present this form to the school of current attendance.

Current School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

I hereby authorize the release to **Bishop Conaty-Our Lady of Loretto High School** all school records, including grades, attendance, discipline, and any other developmental information regarding the student named below. I waive my rights to view these records.

Student's Full Name: _____

Date of Birth: _____ Grades Attended: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Please send the above requested records for this student to:

Bishop Conaty-Our Lady of Loretto High School

Office of Admissions

2900 W. Pico Blvd.

Los Angeles, CA 90006

Phone: 323-737-0012 Fax: 323-737-1749

admissions@bishopconatyloretto.org

Women of

Faith • Learning • Responsibility • Vision



ARCHDIOCESE OF LOS ANGELES
Principal Financial Evaluation

NAME OF APPLICANT: _____

The information provided below will help Bishop Conaty – Our Lady of Loretto in its consideration of academic placement and tuition assistance for the applicant named above.

1. Based on your knowledge of the applicant and the family’s commitment to Catholic education, please indicate your best response:

- Family needs special considerations for tuition assistance YES NO
- Family meets its financial obligations to the school in a timely manner YES NO
- Family has more than one child enrolled in a Catholic school YES NO
- What is the level of parent (guardian) and student involvement at your school?
 - How many parent service hours has the family performed at your school? _____
 - How many service hours has the student performed this past year? _____
- What is the range of monthly tuition for the family at your school?
 - below \$50 \$50-\$150 \$150-\$300 \$300-\$450 \$450-\$500 over \$500

2. Are there any special student support services that you would recommend for this applicant?

3. Additional comments & observations that would help in our admissions decision or financial considerations for this applicant?

Principal Printed Name: _____ School _____

Signature: _____ Date _____



ARCHDIOCESE OF LOS ANGELES

Confidential Common Evaluation Form For Students Applying to a Catholic High School

THIS SECTION IS COMPLETED BY A PARENT OF THE STUDENT APPLICANT

PARENTAL PERMISSION FOR RELEASE OF INFORMATION: I hereby give my permission for the elementary/middle school to send student information to the requested Catholic high schools. I waive my right to view these records.

PARENT/LEGAL GUARDIAN SIGNATURE: _____

PARENT/LEGAL GUARDIAN PRINTED NAME: _____ DATE: _____

NAME OF APPLICANT: _____
LAST FIRST MIDDLE

HOME ADDRESS: _____
STREET CITY STATE ZIP

EMAIL ADDRESS: _____ HOME PHONE: (____) ____-_____

SCHOOL NOW ATTENDING: _____
NAME OF SCHOOL CITY

DATE ENTERED CURRENT SCHOOL (Month/Year) _____

TO THE PRINCIPAL, ENGLISH TEACHER, AND MATH TEACHER:

This form is to be completed by a school official and returned directly to each high school. This CONFIDENTIAL evaluation will be used only by persons on the Admissions Committee and will **not** become part of the student's cumulative folder. Therefore, this form will **not** be open to general review and will not be forwarded to any other school or institution. Your carefully considered judgment will have a strong and direct bearing on this student's acceptance. Please provide information which you think should influence our decision, i.e. gifts, talents, abilities in/outside of the classroom, and/or any challenges or difficulties the student might have faced. We appreciate your honesty and your effort.

POSITION OF PERSON COMPLETING FORM:

PRINCIPAL ENGLISH/LANGUAGE ARTS TEACHER
 MATH TEACHER OTHER (Specify: _____)

PRINTED NAME OF PERSON COMPLETING EVALUATION: _____

EMAIL ADDRESS OF PERSON COMPLETING EVALUATION: _____

SIGNATURE REQUIRED: _____ DATE: _____

SCHOOL: _____ PHONE: _____

SCHOOL ADDRESS: _____
STREET CITY ZIP CODE

NAME OF APPLICANT: _____
 LAST FIRST MIDDLE

Confidential Common Evaluation Form

STUDENT RATING	EXCELLENT	GOOD	AVERAGE	POOR	UNABLE TO RESPOND
MOTIVATION:					
SENSE OF RESPONSIBILITY:					
PERSONAL RELATIONSHIPS:					
INITIATIVE AND LEADERSHIP:					
COOPERATION/EFFORT					
GENERAL CONDUCT/BEHAVIOR					
WORK AND STUDY HABITS					
INTEGRITY					
DEMONSTRATION OF FAITH					

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT MAY BE HELPFUL IN EVALUATING THIS STUDENT:

RECOMMENDATIONS

	STRONGLY RECOMMEND	RECOMMEND	RECOMMEND WITH RESERVATIONS	DO NOT RECOMMEND (Please explain)	SPECIAL CIRCUMSTANCE
ACADEMICALLY					
OBSERVED CHARACTER					
OVERALL					

PRINTED NAME OF PERSON COMPLETING EVALUATION: _____ POSITION _____



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