



TO BE COMPLETED BY PARENT/GUARDIAN

Student Name _____ School _____

*Please complete this confidential form as accurately as possible and sign at the bottom of this form (see other side).
Form needs to be returned to SLHS by January 15, 2021.*

I give permission for my student's educational records, including transcripts, standardized test scores, NDA and IEP/504 plan to be forwarded to Seattle Lutheran High School.

Parent/Guardian Signature _____ Date _____



TO BE COMPLETED BY THE OFFICE OF THE PRINCIPAL

Name of person completing form _____

Position _____

School _____ E-mail _____

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? _____

The applicant has completed or will complete Washington State History () 7th Grade () 8th Grade

The applicant's family meet contractual obligations in a timely fashion? () Always () Mostly () Rarely

The parents/guardians actively involved in the school community? () Always () Mostly () Rarely

Comments:



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(cont.)

I would like a telephone conference to provide further information () Yes () No

Best time to call _____ Phone Number _____

 **Checklist**

Along with this form, please forward the following items to:

***Seattle Lutheran High School Admissions Office
4100 SW Genesee Street, Seattle, WA 98116***

- Transcript
- Standardized test scores from past two years
- Report cards from the preceding two years
- Grades/progress reports from the current year
- Copy of NDA (notice of disciplinary action)
- Copy of IEP/504 Plan

Principal's signature _____ Date _____