



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).

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 _____