



**Lake Catholic High School
Student Record Request for Admission**

Student First Name	Student Last Name	Student DOB	Male/Female
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Street Address	City	State	Zip Code
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Parent Name	Parent Phone Number	Parent Email Address
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School Currently Attending	City/State of Current School
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Student's Current Grade in School:

8th	9th	10th	11th
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student is applying for consideration for the Academic Year: 20___/20___

I Authorize the release of records requested below:

Parent/Guardian Signature: _____ **Date:** _____

To the School Official: The above named student is being considered for admission to Lake Catholic High School. Please forward the following information:

- **Academic Records/Transcripts**
- **Final Report Card From Previous Year and Most Recent Report Card From Current Year**
- **Record of Attendance & Discipline**
- **Standardized Test Scores (Iowa, CAT, etc)**
- **Ohio Graduation Test Scores, if applicable**
- **Individualized Education Plan (IEP), if applicable**

Name of School Official: _____ **Telephone:** _____

Signature of School Official : _____ **Date:** _____

Return this form and student records via mail or email to:

*Lake Catholic Admissions
6733 Reynolds Rd
Mentor, Ohio 44060*

*Diana Fogarty: dfogarty@lakecatholic.org
Jennifer Bretz: jbretz@lakecatholic.org*