

Lake Catholic High School Student Record Request for Admission

Student First Name	Student Last Name	St	udent DOB	Male/Female	
Street Address		City	State	Zip Code	
Parent Name	Parent Phone Nu	mber	P	arent Email Address	
School Currently Attending			City/State of Current School		
Student's Current Grade in School:			8th 9th	n 10th 11th	
Student is applying for o	onsideration for the Acad	lemic Ye	ar: 20/	20	
I Authorize the release of	records requested below:				
Parent/Guardian Signature:				Date:	
	he above named student ease forward the followin	•		I for admission to Lake	
Standardized TesOhio Graduation	•				
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

Jennifer Bretz: jbretz@lakecatholic.org