



Lake Catholic High School
Student Record Request for Admission

Name of Student _____ Male Female
(*please print*) Last First Middle

Home Address _____
Number and Street City Zip Code

Telephone Number _____ Date of Birth _____
Month Day Year

School Currently Attending _____ City _____

Current Grade in School: 8th 9th 10th 11th 12th

Student is Applying for Admission to Lake Catholic for the Academic Year: 20____20____

I authorize release of the 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 to the address shown below:

- Academic record/transcript
- Most recent report card
- Record of attendance
- Standardized test scores (Iowa, CAT, etc.)
- Ohio Graduation Test scores, if applicable
- Individualized Education Plan (IEP), if applicable

Name of School Official _____ Telephone _____

School Official's Signature _____ Date _____

Return this form and student records to: Admissions Office
Lake Catholic High School
6733 Reynolds Road
Mentor, OH 44060