

Unofficial Transcript/Report Card Request

To the Student:

Your parent/guardian should sign and date this form and deliver it to your <u>current school</u>. Do NOT mail this form directly to Bishop McGuinness.

To the School:

This student has applied for admissions to Bishop McGuinness Catholic High School. I hereby authorize you to release the records of my child to Bishop McGuinness Catholic High School. Furthermore, I wair my right of access to all information from any source in conjunction with my child's application.	
 Please include the Psychological/Educational eva Accommodation Plan if applicable. 	luation, IEP, 504 Plan, or any other Student
Parent or Guardian Signature	Date
Name of Student:	Grade Applying:
Current School:	

Please provide the following with this form:

- Unofficial student transcript and/or report card reflecting last year's grades and <u>First Semester/Trimester</u> of current year.
- Standardized Test scores (most current)
- Disciplinary profile (see Discipline form included)
- Any Psychological/Educational profile or testing (if applicable)
- If not a Triad Area Catholic School, please include your school profile or other printed information, such as curriculum guide, grade distribution sheet or other information that might assist us in evaluating this student.

Your immediate attention to this request is greatly appreciated.

Please mail or fax to:

Office of Admissions Bishop McGuinness Catholic High School 1725 NC 66 South Kernersville, NC 27284 Fax: (336) 564-1060



Student Disciplinary Profile

To the Student:	
Complete your name, school name, then deliver in Do NOT mail this form directly to Bishop M	v
Student Name:	
Current School:	
To the School:	CGO
You may submit your school's discipline form	m in lieu of this form.
This student has received demerits/been discipling	ned for the following infractions:
	ESS
This student has served detention	s for the following infractions:
This student has served day(s) of	in-school/out of school suspension for:
Other disciplinary action(s) or considerations:	
Form completed by:	HIGH SO
Name/Title	Date

Please mail or fax to:

Office of Admissions Bishop McGuinness Catholic High School 1725 NC 66 South Kernersville, NC 27284 Fax: (336) 564-1060