

**Metro Detroit Catholic High School
Freshman Application
Section IV – Transcript Release Form**

Parents: Please give this Transcript Release Form to your child’s current school counselor or registrar. Records and recommendation forms must be sent directly from the current school. The school may complete this form once, make copies and send to each school your child is applying to.

I/We authorize the release of my/our child’s:

1. *School and Student Profile* (Section V Included with this release form)
2. Middle school grades (6th and 7th) and all report cards from the current school year (8th)
3. Standardized test scores from middle school
4. Attendance and disciplinary records
5. Accommodation plan required by student (if applicable)

Please mail all of the above materials to: Admissions Office
Divine Child High School
1055 N. Silvery Lane
Dearborn, MI 48128

Forms may also be scanned in an email to: msaxer@divinechild.org

I/We release my/our child’s current school from any and all liability arising out of its release of information requested herein.

I/We agree on behalf of ourselves and my/our child to waive my/our rights and my child’s right to access confidential information, reference and evaluation materials. I/We further agree to indemnify all schools and employees providing information from any liability for doing so.

Applicant’s full name:

Last	First	Middle
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Enrolling: _____ Date of Birth: _____
Month/Year Month/Day/Year

Current School: _____

School Address: _____
Street Address City State Zip

School Phone:() _____ School Fax:() _____

STATEMENT OF CONFIDENTIALITY

It is the policy of participating Catholic high schools that all information received regarding a candidate’s application for admission will be treated with appropriate confidentiality. Only authorized school personnel have access to this information and only to the extent that the information is relevant to admission and placement decisions. Information received within this portion of the application is not disclosed to the applicant or to the applicant’s family.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Metro Detroit Catholic High Schools
Freshman Application
Section V – School and Student Profile Form

This form is to be completed by the applicant's current school principal, assistant principal, or school counselor.

Applicant's full name: _____
Last First Middle

Applicant's current school: _____ Current grade: _____

SCHOOL PROFILE

Your school serves grades _____ to _____

Number of students in entire school: _____

How large is a typical class? _____ students

In what month does your school year begin? _____ End? _____

Please explain your school's grading system:

A - F 0 - 100 4.0 4.3 (honors/advanced courses weighted)

Four passing grades Three passing grades

Other (please explain):

What is the passing mark? _____ Honors mark? _____

STUDENT PROFILE

Does your school rank its students? Yes No

This candidate ranks _____ out of _____ students.

Are students placed in classes/sections according to ability? Yes No

If yes, please tell us in which level the applicant is placed:

Does your school have a program for exceptional students? Yes No

Is this student involved in the program? Yes No Name of Program: _____

Extent of student involvement: _____

How long has the student been involved in this program? _____

If the student is currently on an accommodation plan, please forward along with student records.

Section V – School and Student Profile Form, cont'd.

If the student's attendance record is not listed on the transcript or report card, please indicate the number of days below:

Days absent this year _____ Days absent last year _____
Days tardy this year _____ Days tardy last year _____

If the student is not, or has not been in good academic standing within the last year, please explain.

Has the student ever been dismissed, suspended, placed on probation, or received other serious disciplinary action?

Yes No

If yes, please describe the incident and action taken:

Name of person completing this form:

Name Title

Signature Date

() Telephone Email address

Thank you for taking the time to complete this form.

Metro Detroit Catholic High School
Freshman Application
Section VI – Teacher Recommendation Form

Parent(s)/Guardian(s): Please submit this form to one of your child's current 8th grade teachers in one of the following subjects: Math, Language Arts, Science, Social Studies or Foreign Language.

In consideration of the teacher's willingness to complete this Teacher Recommendation Form, we agree on behalf of ourselves and our child to: waive not waive our/his/her right to access this form from any source at any time.

Parent 1 Name/Signature/Date: _____

Parent 2 Name/Signature/Date: _____

Applicant Name/Signature/Date: _____

Teachers: Please make copies of this form and send one to each high school where this student is applying. You may also give the completed form to the school office for mailing with Sections IV and V of this student's application.

Applicant's full name: _____
Last First Middle

Applicant's current school: _____ Current grade: _____

The student named above is applying for admission to one or more Catholic high schools in the Archdiocese of Detroit. As part of the admissions process, we appreciate your cooperation in completing this form. This evaluation and its contents will remain confidential, and will only be used by school personnel in connection with an admissions decision. If the named student is denied admission, the Catholic high school will keep the confidentiality of this document secure and will not share details listed within.

If you would prefer to discuss the applicant by phone rather than completing this form, please check the box below, sign and return this form with your telephone number(s). An Admissions representative will contact you soon.

I would like to discuss the applicant personally rather than completing this form.

Best time to contact: _____ Contact #: _____

Name of person completing this form: _____

Name of course(s) you teach to this student: _____

How long have you known this student? _____

How large is the particular section(s) of the course(s) this particular student is in? _____

Briefly describe your course: _____

The items that follow ask for your sense of this student's relationship within the school community, emotional and social growth, and intellectual development. Your insight will help us to know this child. We understand the difficulty in evaluating a student, and we are aware that children are constantly developing and changing.

What are the first three words that come to mind when evaluating this student?

1. _____ 2. _____ 3. _____

What are this student's special interests or abilities? _____

Section VI – Teacher Recommendation Form, cont’d.

We would appreciate your comments and observations on the strengths, weaknesses, learning style, behavior, or classroom accommodations needed of this student. Feel free to submit any additional material if necessary.

Please comment on the parent(s)/guardian(s) support of the child’s learning and the adult cooperation with the school.

Please comment on the student’s character, citizenship, and contributions to your school community.

Please rate this applicant using the scale below.

	Excellent (Top 10% this year)	Above Average	Average	Below Average	No Basis for Judgment
Motivation to learn					
Intellectual curiosity					
Ability to work in a group					
Organizational skills					
Work habits					
Academic preparation					
Respect for peers/staff					
Conduct					
Maturity					
Integrity/Honesty					
Effort/Determination					
Overall academic promise					

Thank you for taking the time to complete this form.