

Gabriel Richard Catholic High School

TRANSCRIPT REQUEST

STUDENT'S NAME: _____
FIRST MIDDLE LAST

TO BE COMPLETED BY THE PARENTS OF THE APPLICANT:

I hereby authorize and request _____
NAME OF SCHOOL

SIGNATURE: _____ DATE: _____

(Please Print) NAME: _____

TO BE COMPLETED BY THE REGISTRAR:

The student whose name appears above is a candidate for admission to Gabriel Richard Catholic High School. In order to assist the Admissions Committee in accurately assessing this student's academic performance, ability, and potential, please complete the lower portion of this form and attach the following:

- ☐ AN OFFICIAL TRANSCRIPT
- ☐ A RECORD OF THE APPLICANT'S STANDARDIZED TESTING RESULTS
- ☐ RESULTS OF ANY INDIVIDUAL TESTING SUCH AS THAT DONE BY A CHILD STUDY TEAM OR PSYCHOLOGIST

Please mail all information to:

**OFFICE OF ADMISSIONS
GABRIEL RICHARD CATHOLIC HIGH SCHOOL
15325 PENNSYLVANIA RD.
RIVERVIEW, MI 48193**

If you have any questions or concerns, please feel free to contact the Admissions Office at:
(734) 284-1875 or FAX (734) 284-9304 or E-Mail: admissions@gabrielrichard.org

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SCHOOL TELEPHONE: () _____ SCHOOL FAX: () _____

PRINCIPAL OR SCHOOL HEAD: _____

DATE (OR GRADE) OF STUDENT'S ENTRANCE TO YOUR SCHOOL: _____

GRADING SCALE: _____ PASSING MARK: _____ HONORS MARK: _____

RANK: _____ ☐ EXACTLY ☐ APPROXIMATELY IN A CLASS OF _____ STUDENTS