



ENLIGHTEN THE MIND
INSPIRE THE SOUL
STRENGTHEN THE BODY

RECORDS REQUEST

Directions for Applicant’s Parents: This form is required for application to Our Lady of Mercy Catholic High School. Please sign where indicated and send to your child’s current school.

I hereby authorize you to release the requested information regarding my child’s application to Our Lady Mercy Catholic High School. I waive any right of access to all information from any source in conjunction with my child’s application to the school named above.

Signature of Parent or Legal Guardian _____

Name of Student Applicant _____ Current Grade Level _____

The above-named student is applying to Our Lady of Mercy Catholic High School. Please provide the following records:

_____ Ninth-grade applicant:

_____ **transcripts** for grades 6, 7, and through semester 1 of grade 8

_____ **standardized test scores** for grades 6, 7

_____ **complete discipline record** for grades 6, 7, and through semester 1 of grade 8

_____ Upper grade applicant:

_____ **official transcript from current school**

_____ **standardized test scores** (3 most recent years)

_____ **complete discipline record.** (3 most recent years)

Thank you for taking your valuable time to provide these records. All information provided will be held in confidence and disclosed only to the admissions committee.

Please return this completed form directly to the address listed below in an official envelope from your school.

Our Lady of Mercy Catholic High School • 861 Highway 279 • Fayetteville, Georgia 30214

www.mercycatholic.org

(770) 461-2202 (Phone)

(770) 461-9353 (Fax)