



**DIVINE
CHILD**
HIGH SCHOOL

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.

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

1. Final 7th grade report card and the latest report card from the current school year (8th grade)
2. Standardized test scores from 7th and 8th grade
3. Attendance and disciplinary records
4. List of any classroom and/or testing accommodations required by the student (if applicable)

Please send all requested materials by Friday, December 11 via email or mail to:

Email: admissions@divinechildhighschool.org

Mail: Admissions Office
Divine Child High School
1055 N. Silvery Lane
Dearborn, MI 48128

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

Enrolling: August, 2021
Month/Year

Date of Birth: _____
Month/Day/Year

Current School: _____

School Address: _____
Street Address City State Zip

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

School email address: _____

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

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Teacher Recommendation Form

Parent(s)/Guardian(s): Please submit this form to your child's school office. A current teacher from any of these subject areas may complete the form: Math, Language Arts, Science, Social Studies, Religion or Language. A school counselor, assistant principal or principal may also complete the form.

In consideration of the teacher's willingness to complete this Teacher Recommendation Form, we agree on behalf of ourselves and our child to waive our right to access this form from any source at any time.

Teachers: Please complete this form as the student is applying to Divine Child High School. When finished, you may give the completed form to the school office for mailing with the other sections of this student's transcript packet.

Applicant's full name: _____
Last First Middle

Applicant's current school: _____ Current grade: _____

The student named above is applying for admission to Divine Child High School. 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). Our Director of Admissions 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 or phrases that come to mind when evaluating this student?

1. _____ 2. _____ 3. _____

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

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.