

## ACADEMIC RECORD REQUEST 2018-19

## **Transfer Candidates**

Student Name:	
Current School:	
To the Applicant's Parent/Guardian:	
for the purpose of evaluating her application for admi	our child's academic records for at least the past two years ission to St. Francis Catholic High School. Please date, sign, egistrar at your child's current school. If your child has been this form to her prior school.
scores, and recommendations to St. Francis Catholic Frecommendations are confidential and may not be vieweraluations will be used only in the admissions process.	_
Signature of the	
Student's Parent/Guardian:	
Print Name:	Date:
To the student's current School Office/Registrar:	
Please send the following to St. Francis High School at	your earliest convenience:
Report cards or transcripts (all ye	ars)

If you have questions, please contact Bess Klindworth at 916.757.5022 or bklindworth@stfrancishs.org, Thank you for your assistance.

Please fax documents to (916) 452-1591, email to <a href="mailto:admissions@stfrancishs.org">admissions@stfrancishs.org</a>, or mail to St. Francis Catholic High School | 5900 Elvas Avenue | Sacramento, CA 95919 | www.stfrancishs.org

Standardized tests scores (all years)