

Burke's

KATHERINE DELMAR BURKE SCHOOL

Transcript Request

For students entering grades 2-8

Child's name _____ Birth date _____ Applying to grade _____
Last First Middle Month, day, year

Parent or guardian: Please complete this section of the form, forward it to your child's school, and request that the school complete and return it directly to Burke's.

I hereby authorize _____ to release all academic records from the current
Present school

and two previous years for _____ to Katherine Delmar Burke School.
Child's name

Parent or guardian signature _____ Date _____

Transcript of Record

To be completed by the school: Please fill out this form and submit copies of the student's records to Katherine Delmar Burke School, 7070 California Street, San Francisco, CA 94121 by December 31, 2010.

Student name _____ Present grade _____ Dates of attendance _____

School name _____ Phone _____

School address _____

Name and title of person completing this form _____

Please rate the candidate's personal characteristics according to the following criteria:

	Exceptional	Excellent	Good	Fair	Poor
Approach to learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to get along with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sense of humor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please furnish standardized test scores:

Name of test _____ Date(s) administered _____ Score(s) _____

Name of test _____ Date(s) administered _____ Score(s) _____

Name of test _____ Date(s) administered _____ Score(s) _____

Has the candidate attended school regularly? yes no

If no, please explain _____

