

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, 2009.

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 _____

