



## REQUEST FOR TRANSCRIPTS

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

I \_\_\_\_\_ request that \_\_\_\_\_ send the  
(Parent Name) (Present School)

following official documents to MATER DEI CATHOLIC HIGH SCHOOL.

Thank you for sending these documents to MDCHS as they are a part of the admissions process for our child. Please call me if you have any questions regarding the request of these documents.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Phone Number)

### Instructions for the School:

Official Transcripts and records are to be mailed from the current school. MDCHS *will not accept transcripts submitted by the parent or student.*

INCOMING 9th GRADE APPLICANTS: Please mail official copies of:

- Grades from 7th grade and grades from First Semester of 8th grade.
- Standardized test scores
- CSIR immunizations.

INCOMING 10th and 11th GRADE APPLICANTS: Please mail official copies of:

- Grades from the last two years.
- Grades from First Semester of current school year.
- Standardized test scores
- CSIR immunizations.

**Please Mail To:** MATER DEI CATHOLIC HIGH SCHOOL  
ADMISSIONS OFFICE  
1615 MATER DEI DRIVE  
CHULA VISTA, CALIFORNIA 91913

Name (print) \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_