



2016-17 CMS PRIVATE SCHOOL/PROGRAM APPLICATION PROCESS FORM

The process for requesting transcripts has changed from previous years. Please read the directions prior to submitting the form

I waive my right to see the school's recommendation. (Many schools will not consider the recommendation unless it is confidential.)

Name (last, first and middle initial)	Team Assignment	Student ID#
X	Date	X
Signature of Parent	Date	Signature of Student
		Date

CHECKLIST:

- Complete the information requested on this form below.
- Provide a **large stamped envelope** for **each** school/program application.
- If Teacher Letter of Recommendation is required, submit "Request for Teacher Letter Form" directly to teacher*
- Turn in this request and large stamped /addressed envelopes to Student Services Department

Please submit this form at least 2 weeks before the school deadline

Date of Request	School or Program (Name and Address)	Date Application is Due to School/Program	Transcript Requested (Yes or No)	Test Scores Requested (Yes or No)	504 Plan or IEP (Yes or No)	Attendance (Yes or No)	Name of Teacher Providing Recommendation (Separate Form Req'd)*	For Student Services Use Only <small>Date Mailed from Student Services</small>
	1.							
	2.							
	3.							
	4.							
	5.							