



# Villa Angela-St. Joseph High School

18491 Lake Shore Boulevard

Cleveland, Ohio 44119

216-481-8414 ext. 205

www.vasj.com

## Transcript Request Form

\$3 FEE PER TRANSCRIPT - CASH or MONEY ORDER ONLY

LAST NAME (at time of graduation)

FIRST NAME

MIDDLE NAME

YEAR OF GRADUATION

PHONE NUMBER

**I hereby authorize Villa Angela-St. Joseph High School to release my official transcript to:**

SCHOOL/AGENCY NAME

ADDRESS

CITY

STATE

ZIP

**Please list any special special instructions here:**

### SIGNATURE REQUIRED FOR PROCESSING

SIGNATURE (Required)

DATE

#### PLEASE NOTE:

- Transcripts will not be released if there are any outstanding financial obligations or holds on the student's account
- Completed transcript requests are processed in the order in which they are received.
- Same-day walk-in service is NOT available at this time.
- Debit payments are NOT available at this time.

Mail along with \$3.00 fee per transcript (cash or money order) to:

VASJ High School

18491 Lakeshore Blvd.

Cleveland, OH 44119

Attn: Guidance Secretary

*Please allow 7 business days for processing.*

#### OFFICE USE

☐

Cash

☐

Money Order

☐

Date Mailed

**B. How did you first hear about VASJ? (Please check one)**

☐ Alumni    ☐ Current Student    ☐ Church Bulletin    ☐ Advertisement    ☐ Other: \_\_\_\_\_

Were you referred by a current VASJ family? ☐ Y    ☐ N

If yes, name of student/family: \_\_\_\_\_

**C. Brothers and Sisters**

Name	Date of Birth	Gender (Circle one)	Current School	Grade
_____	_____	M    F	_____	_____
_____	_____	M    F	_____	_____
_____	_____	M    F	_____	_____
_____	_____	M    F	_____	_____

**D. Family members who are Villa Angela, St. Joseph, or VASJ Graduates or Current Students:**

Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

**E. Extracurricular & Personal Activities**

Academic Clubs: \_\_\_\_\_

Service Clubs/ Projects: \_\_\_\_\_

Athletics: \_\_\_\_\_

Drama/Music: \_\_\_\_\_

Other Activities/Hobbies: \_\_\_\_\_

Do you participate in either of the following Ohio Department of Education Scholarship Programs?

Cleveland Scholarship and Tutoring Program (CSTP) ☐

Ohio EdChoice Program ☐

## F. Family Information

Mother/Stepmother/Female Guardian Name:	Father/Stepfather/Male Guardian Name
Home Address:	Home Address:
City/Zip:	City/Zip:
Home Telephone: (    )	Home Telephone: (    )
Employed By:	Employed By:
Business Telephone/Cell:	Business Telephone/ Cell:
Email address:	Email address:

Who has legal custody of this student: \_\_\_\_\_

Which parent has authority to make decisions regarding applicant:

☐ Mother only      ☐ Father only      ☐ Both mother and father      ☐ Other: \_\_\_\_\_

Is there a court order regarding this student? Y or N (if a court order exists, VASJ must have a copy of the order)

### Parent Statement

Why do you want your child to attend Villa Angela-St. Joseph High School?

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In a legible, handwritten reply written by the applicant and using proper spelling, grammar and punctuation, please answer this question:

Explain supporting reasons for your selection and what you would hope to accomplish in your new role.

*Why would you like to transfer from your present school to Villa Angela-St. Joseph High School?*

[illegible]