

LUTHER NORTH COLLEGE PREP – COUNSELOR REQUEST FORM

5700 West Berteau
Chicago, IL 60634
773/286-3600
(FAX) 773/286-3609

TO: _____

I, _____, have applied for admission to Luther North College Prep. You are hereby authorized to release the information requested below.

Student _____ Parent _____
(Signature) (Signature)

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1. Period of time in question: _____ to _____
 2. Attendance Record: Days absent _____ Times tardy _____
 3. Class Attendance: Does the student have any record of class cuts during this time? Y/ N
If so, how many classes? _____
 4. Discipline: Are there any notations on the student's disciplinary record of the following problems?

	YES	NO
Truancy	_____	_____
Smoking violations	_____	_____
Falsifying information, notes, etc.	_____	_____
Drug or alcohol violations	_____	_____
Major misconduct (fighting, stealing, etc.)	_____	_____
Other problems (explain below)	_____	_____

5. Do you know of any reason this student should not be accepted at Luther North? Y/ N

Explain _____

Date _____ Signature of School Official _____

School _____ Title _____

Please return this form directly to Luther North College Prep, either by FAX or US Mail.

DO NOT RETURN TO STUDENT