LAKE ZURICH HIGH SCHOOL

APPLICATION NOTIFICATION- Required for ALL applications TRANSCRIPT / OFFICIAL DOCUMENTS

TODAY'S DATE:	CLASS OF:
STUDENT NAME:	BIRTH DATE:
BEST NUMBER TO REACH YOU:	
YOUR COUNSELOR'S NAME:	DEADLINE DATE:
STUDENT SIGNATURE:	
ST RUCTIONS	
4. Transcripts will be processed in the order they are response to the order they are response to the processed in the order they are response to the processed in the order they are response to the order they are response to the processed in the order they are response to the processed in the order they are response to the processed in the order they are response to the processed in the order they are response to the processed in the order they are response to the processed in the order they are response to the processed in the order they are response to the processed in the order they are response to the processed in the order they are response to the processed in the order they are response	ions- see your counselor. t least 15 school days (not weekends and breaks) prior to deadline received. rosenquist@lz95.org, or fax to (847) 438-5198, or mail/bring to Lake h, IL 60047. ents only, please check one)
NAME OF COLLEGE/SCHOLARSHIP:	
COLLEGE/SCHOLARSHIP ADDRESS:	
PLEASE CHECK ALL THAT APPLY:	
OFFICIAL TRANSCRIPT	UNOFFICIAL TRANSCRIPT
RECOMMENDATION(S) Number	SCHOLARSHIP APPLICATION
COUNSELOR PAGE	IMMUNIZATION RECORD
SPECIAL INSTRUCTIONS:	
FOR O	FFICE USE ONLY

Rec'd by Registrar _____

Elec/Mail: By _____Date____