

## **Covenant High School Admissions**

620 S. Shirley St. Tacoma, WA 98465 USA

Telephone: (253) 759-9570 ext. 1 Email: <a href="mailto:lhope@chstacoma.org">lhope@chstacoma.org</a>

## SCHOOL REFERENCE AND REQUEST FOR COPY OF ACADEMIC RECORD

I hereby authoriz	e and request y	ou to complete	this form rega	rding		
and send it toget	her with a <b>phot</b>	<b>cocopy</b> of report	cards for <b>7th a</b>	ind 8th grade t	o: Covenant	High
School, 620 Sout	h Shirley Street	, Tacoma, WA 9	8465, Attn: Log	gan Hope. You	may also sca	ın and
email to: lhope@	chstacoma.org	•				
Parent's Signatur	e					
Dear school adm applicant who is					-	
used only for ass						
for each of the fo	_	_				
NAOTIVATIONI						
MOTIVATION 1	2	3	4	5	6	7
Purposeless	Z	5	4	5	Highly Mo	) otivated
INDUSTRY						
1	2	3	4	5	6	7
Seldom works				Diligent	even under p	ressure
INFLUENCE AND	LEADERSHIP					
1	2	3	4	5	6	7
Negative				Ju	ıdgment - res	spected
CONCERN FOR O	THERS					
1	2	3	4	5	6	7
Indifferent				Deeply	ı, actively coı	ncerned
EMOTIONAL STAI	BILITY					
1	2	3	4	5	6	7
Extreme highs a	nd lows				Exceptionally	ı stable
RESPONSE TO AU	THORITY					
1	2	3	4	5	6	7
Not acceptable					Ехсе	eptional



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KECOMINIEN	NUATION FOR F	ADIVIISSION				
1 Do not reco		3	4	5	6 Highly red	
Comments:						
Printed Nan	ne					
Title			School			
Email						
Address						
Phone			С	)ate		
Signature						