



Last Name: _____

First Name: _____



Archbishop MacDonald Catholic High School

14219 - 109 Avenue, Edmonton Alberta T5N1H5 Tel: 780 451-1470 Fax: 780 455.5571

Application information for students coming from a Junior High that

DOES NOT ASSESS IN PERCENTAGES

Current School:				
Please have your Adm	ninistration comp	olete this form:		
Signature of Principal				
(Please attach an admin. business card to this document)				
If your school does not use percentages , we ask your teachers to predict a percentage grade representative of the students current understanding of the course based on all relevant assessment data and teacher professional judgement, dated after February 15 th .				
Subject	Grade Level	Percentage Grade	Date of Mark Determination	Teacher Signature
English Language Arts				
Mathematics				

Thank you for completing this portion of the MAC application form.

Archbishop MacDonald Administration



Social Studies

Science