



BISHOP BRADY HIGH SCHOOL

Student Name _____ Date of Birth _____

Address _____
Street City/Town State Zip

Phone _____ Name of Parent/Guardian _____

I, _____, give _____
Parent/Guardian Current School

permission to release the above named student's:

- Complete Academic Transcript, Including Current Year**
- Standardized test scores, if applicable**
- Current 504 and/or IEP, if applicable**
- Current disciplinary reports, if applicable**



for the purposes of review for admission to Bishop Brady High School.

Name of Current School _____

Address _____

Contact Person _____

Fax # _____

If notified by Bishop Brady High School that the above named student will be attending Bishop Brady, I hereby authorize the release of the student's official transcript, test scores, and medical/immunization records. These records should be forwarded to Bishop Brady High School at the end of the current academic year or at the time of student's withdrawal from school.

Parent/Guardian Signature

Date

To the Current School

The deadline for submitting the above mentioned records for our review is January 15 for the first round of admissions decisions.

If you receive this request after January 15, the student's application will be considered on a rolling admission basis. We appreciate your assistance in sending this information at your earliest convenience.

A faxed or scanned copy is acceptable for initial review purposes only. Thank You.

Instructions for Parent/Guardian

Please complete two copies of this form. One copy to be submitted to your current school. Please forward one copy to Bishop Brady along with your application submission.