ST. PIUS X HIGH SCHOOL

811 West Donovan Houston, Texas 77091 713-692-3581 Application for Admission

AUTHORIZATION TO RELEASE INFORMATION

Give this form directly to your CURRENT SCHOOL.

| Student's Legal Name: | | | | |
|---|------------------------|-----------------|---------------------|--------------|
| La | st | First | | Middle |
| Grade Applying For: | For the ac | ademic | Fall (yr) | Spring (yr.) |
| Directions: To the Parent: Please fill in all the information requested for your student. Give this form to the school Registrar at the current school to have his/her records forwarded to St. Pius X High School To the Registrar: The student named above is seeking admission to St. Pius X High School. Please forward all records (including transcript, standardized test scores, and medical records) to St. Pius X Office of Admissions. We appreciate your effort on behalf | | | | |
| of this student and we that | | | | |
| Authorization is hereby gr | ranted to :Na | ame of your str | udent's present sch | ool |
| to release information from Office of Admissions. | m the file of my stude | ent. Please f | forward to the S | t. Pius X |
| Authorized Signature of Pa | arent/Guardian | | Date | |