



Consent to Release Information

To be completed by the parent or guardian of the student applying to the Companion Scholars Program and **forwarded to the student's guidance counselor or principal.**

To _____
(Name of your child's school guidance counselor or principal)

My child, _____, is applying to the

2018-19 Companion Scholars Program is an academic enrichment program at St. Xavier High School. The application consists of a student application, parent/guardian statement and (2) teacher references. Please send a copy of my child's most recent grades, transcript, standardized test scores and discipline records no later than March 29, 2019 **to:**

**St. Xavier High School
Companion Scholars Program
600 West North Bend Road
Cincinnati, Ohio 45224
Attention: Jill Malik**

Program Coordinator: Jill Malik
Phone: (513) 761-7815, ext. 526
Fax: (513) 842-1610
jmalik@stxavier.org

Please contact Jill Malik if you have any questions. Thank you for your help in completing my child's application to the Companion Scholars Program.

Parent or guardian signature

Date

Guidance Counselor or Principal signature

Date