



ATTENTION PARENTS: THIS FORM IS TO BE MAILED TO YOUR SON'S CURRENT SCHOOL

This form gives permission for the school to release your son's academic transcript/records **for admission consideration to the St. X Class of 2024.**

To: _____
(Current School)

As Parent and/or Guardian of:

Name of Student _____

Date of Birth _____

Grade in school: 8th

I hereby authorize the release of all academic and behavior records of the aforementioned student to St. Xavier High School including, but not limited to, the *students permanent record card, a complete copy of the 1st quarter 8th grade report card, 3 teacher recommendation forms, aptitude and academic testing and intelligence tests* to:

ST. XAVIER HIGH SCHOOL
OFFICE OF ENROLLMENT
600 NORTH BEND ROAD
CINCINNATI, OHIO 45224

My signature authorizes the release of all such information as specified above. I understand this information will be held in the strictest of confidence and will be used solely for the purpose of evaluating the candidate for admission to the St. Xavier High School Class of 2024.

Date: _____

Parent/Guardian Name (Please Print): _____

Signature of Parent/Guardian: _____

DEADLINE: FRIDAY, NOVEMBER 29, 2019