Bishop DuBourg High School

Student Release of Information

(Please give to an administrator at your current school)

Student Name_____

First Middle Last

Grade for which applying: ☐ 9th ☐ 10th ☐ 11th ☐ 12th Semester_____

My child is seeking admission to Bishop DuBourg High School. In order to complete the application process, I authorize the release of my child's records as requested by Bishop DuBourg High School.

Please forward the following information to Bishop DuBourg High School:

1. The attached *Student Recommendation Form*
2. Scholastic Achievement Data (transcripts, report cards, grades, credits, etc.)
3. Standardized Test Scores
4. Attendance and Discipline Records
5. Immunization and Health Records
6. Psychological Data (including diagnosis and IEP)
7. Federal and State Constitution Test Scores

Please send the information to:

Bishop DuBourg High School
Attn: Admissions Committee Or Fax to (314) 832-0529
5850 Eichelberger St.
St. Louis, MO 63109

Parent's Signature_____ Date:_____

*Faith in Christ…Service to Others*