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

The 2026 Summer 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 April 24th, 2026 **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) 672-0410
jmalik@stxavier.org

***Records can be sent electronically or as hard copies**

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