

ACADEMIC RECORD REQUEST 2016-17

Transfer Candidates

Student Name: Current School:	
As part of the admissions process, we must receive your child's for the purpose of evaluating her application for admission to S and submit this release form to the school office or registrar at at this school for less than a year, please also submit this form t	t. Francis Catholic High School. Please date, sign, your child's current school. If your child has been
INFORMATION RELEASE AUTHORIZATION	
For the above-named student, I hereby request and authorize t scores, and recommendations to St. Francis Catholic High School recommendations are confidential and may not be viewed by the evaluations will be used only in the admissions process and will record. If the student is admitted to St. Francis High School a recoff the current academic year.	ol, Sacramento. I understand that ne applicant or her parent/guardian. The not become part of the student's permanent
Signature of the	
Student's Parent/Guardian:	
Print Name:	Date:
To the student's current School Office/Registrar:	
Please send the following to St. Francis High School at your earl	iest convenience:
Report cards or transcripts (all years)	

If you have questions, please contact Bess Klindworth at 916.757.5022 or bklindworth@stfrancishs.org, Thank you for your assistance.

Please fax documents to (916) 452-1591, email to admissions@stfrancishs.org, or mail to St. Francis Catholic High School | 5900 Elvas Avenue | Sacramento, CA 95919 | www.stfrancishs.org

Standardized tests scores (all years)