

End of Year Record Release Form (Transfer Students)

Instructions for Parents/Legal Guardians: Please complete the permission form below and submit it to your <u>student's current high school</u> allowing necessary enrollment documents to be sent directly to St. Joseph High School.

Instructions for High School Officials: Upon receipt of signed permission below, please submit an official transcript and student medical records to St. Joseph High School. Documents may be mailed, emailed or faxed.

Date:	
Student's Name:	
I give permission to(Name of Cu	School to provide the following
information concerning my child to the Ad	lmissions Office at St Joseph High School. If these records are not academic school year, the above student cannot start at St. Joseph High

- Official Transcript
- Medical records from school nurse

Signature of Parent or Legal Guardian: _____

School.

St. Joseph High School 2320 Huntington Turnpike | Trumbull, CT 06611

Office of Admission admissions@sjcadets.org P: 203.378.9378 x308 | F: 203.378.7306 **School Nurse** <u>dmiller@sjcadets.org</u> P: 203.378.9378 x307 | F: 203.378.7306