



End of Year Release Form

This form must be completed by a parent or legal guardian. Please bring the form to your student's current middle school so that school may directly send us the transcripts when ready.

Date: _____

Student's Name: _____

I give permission to _____ School to provide the following
(Name of Current School)
information concerning my child to the Admissions Office at St Joseph High School. If these records are not received by the first day of the 2018-2019 academic school year, the above student cannot start at St Joseph High School.

- ☐ **All Final Report Cards**
- ☐ **Medical records from school nurse**

Signature of Parent or Legal Guardian: _____

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

dmiller@sjcadets.org

P: 203.378.9378 x307 | F: 203.378.7306