



22151 Frassati Way | Spring, TX 77389 | t 832-616-3217 | f 281-907-0675

Authorization to Release Information

To the Parent:

The school your son or daughter is presently attending cannot release his/her records without your written permission. After filling out this form, please give it to the school registrar at the current school for the release of records to Frassati Catholic High School.

Please release all of the academic records of my child,

Legal Name of Student (Please Print)

including academic transcripts, standardized test scores, and medical records to Frassati Catholic Office of Admissions.

Authorization is hereby granted to: _____
Name of your student's present school

Authorized Signature of Parent/Guardian

Date

To the Registrar:

The student named above is seeking admission to Frassati Catholic High School. Please send all records (including transcript, standardized test scores, and medical records) to:

Frassati Catholic High School
Office of Admissions
22151 Frassati Way
Spring, TX 77389

We appreciate your effort on behalf of this student, and we thank you for providing us with the needed credentials.



ST. JOHN XXIII COLLEGE PREPARATORY

Parare Mente et Corde
To Prepare in Mind and Heart

Records Release Form

To be submitted to the applicant's current school

Parent/Guardian: Please complete the information below and submit this form to the appropriate administrator at your child's current school in order to have their transcripts sent to St. John XXIII College Preparatory. All transcripts and recommendation forms must be received directly from the applicant's current school.

Applicant's Name: _____ **Applying for Grade** _____

On my child's behalf, I request that the following information be sent to St. John XXIII:

- Transcripts for 6th grade, 7th grade and **final grades for the first semester of 8th grade**
- All Standardized test scores for 6th grade and 7th grade.
- Any and all disciplinary records from 7th, and 8th grade.
- Health and Immunization records
- Documentation of professional testing/accommodations/modifications, if applicable

***Transfer Students**

- Transcripts for previous 2 years and final grades for 1st semester of current year.
- Health and Immunization records
- Any and all disciplinary records from current and previous years.
- Documentation of professional testing/accommodations/modifications, if applicable

Parent/Guardian Signature: _____ **Date:** _____

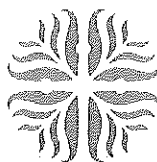
Registrar: The student above is applying for admission to St. John XXIII College Preparatory. Please send transcripts as listed above to St. John XXIII Office of Admissions.

By Mail/in person: **St. John XXIII College Preparatory**
Office of Admissions
1800 West Grand Parkway N.
Katy, Texas 77449

By Email: **admissions@sj23lions.org**

We appreciate and thank you for providing us the necessary credentials on behalf of this applicant.

For more information, contact admissions@sj23lions.org or call (281) 693-1000



REQUEST FOR STUDENT RECORDS

(Formulario De Solicitud de Expedientes Estudiantes)

Full Name: _____
Last Name First Name Middle Initial

Birth Date: _____ Social Security: _____ - _____ - _____
Month / Day / Year

Current School Name: _____ Current Grade: _____

RECORDS REQUESTED

The above named student has applied for admission to Cristo Rey Jesuit. Please send the following records to assist us in processing his/her application:

9th Grade Applicants:

- Copies of 6th, 7th & 8th grade Report Cards and/or Middle School Transcript(s)
- Copies of previous years Standardized Test Scores - 7th grade (IOWA/STAAR/ect.)
- Any IEP, 504, or other academic records

Transfer Applicants:

- Copy of the current & most recent High School Transcript(s) and report cards
- Copies of previous years of Standardized Test Scores (IOWA/STAAR/ect.)
- Any IEP, 504, or other academic records

PLEASE DO NOT UNENROLL THE STUDENT.

Please email or mail records to:
Office of Admissions

Cristo Rey Jesuit College Preparatory School of Houston
6700 Mt. Carmel St. Houston, TX 77087

Email: Admissions@CristoReyJesuit.org

PARENT SIGNATURE & AUTHORIZATION

I hereby authorize and grant permission to the above-named school to send all the above requested academic, testing, counseling and other school records regarding my child to Cristo Rey Jesuit.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Phone Number

Strake Jesuit College Preparatory
8900 Bellaire Boulevard, Houston, Texas 77036-4699
Admissions (713) 490-8113, Fax (713) 272-4300



Parents: Please give this Records Release Form to your son's current Middle School (or High School, if applicable).

Records Release Form

Please release all of the academic records of my son, _____
including all academic transcripts, health forms, and standardized test scores for Middle School
(and/or High School, if applicable). Please forward the above requested information to Strake
Jesuit College Preparatory, Office of Admissions.

By email (preferred): admissions@strakejesuit.org

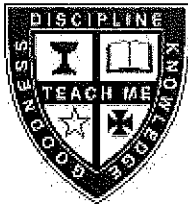
By mail:

OFFICE OF ADMISSIONS
STRAKE JESUIT COLLEGE PREPARATORY
8900 BELLAIRE BOULEVARD
HOUSTON TEXAS 77036-4699

Thank you,

signature of parent/guardian

date



**ST. THOMAS
HIGH SCHOOL**
BASILIAN FATHERS · 1900

MIDDLE SCHOOL TRANSCRIPT REQUEST (FRESHMEN)

This form is to be given to the registrar at the applicant's current school.

Please release all middle school academic transcripts and standardized testing for my son,

Please forward to:

**Admissions Office
St. Thomas High School
4500 Memorial Drive
Houston, TX 77007
Claudia.walker@sths.org
Phone: 713/864-6348 Fax: 713/864-5750**

Parent/Guardian Signature

Date

HIGH SCHOOL TRANSCRIPT REQUEST (TRANSFERS)

This form is to be given to the registrar at the applicant's current school.

Please release all high school academic records and standardized testing for my son,

Please forward to:

**Admissions Office
St. Thomas High School
4500 Memorial Drive
Houston, TX 77007
Claudia.Walker@sths.org
Phone: 713/864-6348 Fax: 713/864-5750**

Parent/Guardian Signature

Date



St. Agnes Academy

Records Release Form

For Applicants to the 9th grade

(To be submitted to the applicant's current school)

Parent or Guardian: For your daughter's records to be sent to St. Agnes Academy as part of her application for admission, please complete the information below and submit this form to the appropriate administrator at her current school. All records must be received directly from the school.

Applicant Name: _____

On my daughter's behalf, I request the following information be sent to St. Agnes Academy, Office of Admissions:

- Transcripts for 6th and 7th grades. **Final grades for 8th grade, first semester.**
- All standardized test scores for 6th and 7th grades.
- Any and all discipline records for 6th, 7th and 8th grades.
- Health and Immunization records.

In signing this release, I understand that it authorizes my daughter's current school to provide St. Agnes Academy all pertinent information, including grades, test results, attendance and discipline records, necessary to reach an admission decision and I waive any right to see such records.

Parent/Guardian Signature: _____

Date: _____

Registrar: The student above is applying for admission to St. Agnes Academy. Please mail or email her records as listed above to the St. Agnes Academy Admissions Office no later than January 15. Thank you in advance for your assistance.

Mail or email to:
St. Agnes Academy, Office of Admissions
9000 Bellaire Blvd. Houston, TX. 77036
admissions@st-agnes.org

Duchesne Academy of the Sacred Heart

AUTHORIZATION FOR RELEASE OF INFORMATION

Instructions for parents: Please send this to your child's current school.

___ Check here if you are applying to Duchesne through the Current Family Process (open to siblings of current student and daughters of faculty, staff, or alumnae)*

As the parent/legal guardian of _____
Student Name

in _____ grade, I authorize _____
Current School

to release to DUCHESNE ACADEMY OF THE SACRED HEART requested teacher recommendation(s), official copies of all transcripts and report cards for this year and the previous two school years, and the results of all previous standardized tests which are pertinent to the above named student.

Signature of Parent or Legal Guardian

Date

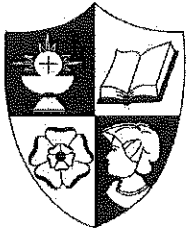
Instructions for Current School:

Please send records to Duchesne's Office of Enrollment Management by
JANUARY 14, 2022

*Note that Duchesne's Current Family records deadline is
DECEMBER 3, 2021

EMAIL to
admissions@duchesne.org

ADDRESS to
Duchesne Academy of the Sacred Heart
Enrollment Management
10202 Memorial Drive
Houston, TX 77024



**ST. ELIZABETH ANN SETON
CATHOLIC SCHOOL**

2021-2022
RELEASE OF RECORDS

Dear Parents,

Federal legislation mandates that parental consent be granted (for students under the age of 18) before any school records can be divulged. **Please complete only one of the following sections:**

Students Applying to St. Elizabeth Ann Seton Catholic School

To Whom It May Concern:

I hereby give _____
Current School *Address*

permission to forward the education and health records of _____
Name of Student

to St. Elizabeth Ann Seton Catholic School.

To Whom It May Concern:

I **do not** wish the education and health records of _____ to be
Name of Student

forwarded to St. Elizabeth Ann Seton School.

Please send all records to: St. Elizabeth Ann Seton Catholic School
 6646 Addicks-Satsuma Rd.
 Houston, TX 77084
 281-463-1444 (phone) 281-463-8707 (fax)

Students Leaving St. Elizabeth Ann Seton Catholic School

I hereby give St. Elizabeth Ann Seton School Catholic School, 6646 Addicks-Satsuma Road,
 Houston, Texas 77084 permission to release the education and health records of:

Student Name: _____ Please forward records to:

_____ *School* *Address*

I **do not** wish for the education and health records of _____
Name of Student

to be released by St. Elizabeth Ann Seton School.

Signature of Parent or Guardian

Date