

RECORD RELEASE

Applicant's Name: _____

Address: _____

Phone: _____

Current Grade Level: _____

Please sign in the space provided and then submit this form to your son's/daughter's most recent school's principal or guidance counselor.

I consent to the release of my child's records to Saint Bernard Academy.

Signature _____ Date _____

Parent or Guardian

The above named student is applying for admission to Saint Bernard Academy. Please include at least a two year history of subjects, grades, and any available standardized test results.

FORWARD INFORMATION TO:

Office of Admissions
Saint Bernard Academy
2020 24th Avenue, South
Nashville, TN 37212-4202