

Roger Bacon High School

ATTENTION PARENTS

This form is to be mailed to your son/daughter's **CURRENT SCHOOL**

This form gives permission for the school to release your son/daughter's academic transcript/records **for admission consideration to the Class of 2016**

To: _____

(Current School)

As Parent and/or Guardian of:

Name of Student _____

Date of Birth _____

Grade in school: 8th

I hereby authorize the release of all academic and behavior records of the aforementioned student to Roger Bacon High School including, but not limited to, the student's permanent record card, a complete copy of the first quarter 8th grade report card, one teacher recommendation form (included), aptitude and academic testing and intelligence tests to:

Roger Bacon High School

Attention: Sue Ariss, Registrar

4320 Vine Street

Cincinnati, Ohio 45217

My signature authorizes the release of all such information as specified above. I understand this information will be held in the strictest of confidence and will be used solely for the purpose of evaluating the candidate for admission to the Roger Bacon High School Class of 2016.

Date: _____

Parent/Guardian Name (please print): _____

Signature of Parent/Guardian: _____

DEADLINE: FRIDAY, DECEMBER 9, 2011