



APPLICATION FOR ADMISSION

Transcript Request Form

Margot Barnes

Director of Guidance/Admissions

Phone: 518.587.7070 ext. 105 E-mail: barnes@saratogacatholic.org

Date: _____

I give permission to _____

Name of Current School

Address _____

**To release pertinent information to Saratoga Central Catholic High School
regarding my child** _____

Name

This information will include, but is not limited to:

- **Transcripts**
- **Current Report Cards**
- **Interim Reports**
- **IEP/504 Accommodation Plan**
- **Medical Information**
- **Social and Psychological Records**

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

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