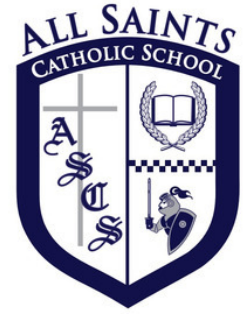


All Saints Catholic School



RELEASE OF RECORDS FORM

TO:

Applicant's Current School Name

Street Address

City, State, Zip Code

STUDENT NAME:

BIRTH DATE:

TODAY'S DATE:

My signature gives consent for release of a copy of my child's school records to be sent to All Saints Catholic School.

Parent Signature

Printed Name

The above named student is applying for admission to All Saints Catholic School. An important factor in consideration of admission is a review of the student's current school records. Please forward a copy of the student's records, including current grades, cumulative grades and any standardized test scores. Please also include copies of any other information that may be factors in regard to admission (e.g., psychological reports, disciplinary records or educational testing results).

Please email, mail, or fax student records to:

All Saints Catholic School
2006 N. Houston Street
Fort Worth, TX 76164

Phone: 817-624-2670
Fax: 817-624-1221
Email: admissions@ascsfw.org