



ACADEMIC RELEASE OF RECORDS

To: _____
Principal, Registrar, or Counselor of Present School

The student named below is applying for admission to San Juan Diego Catholic High School. I authorize you to release copies of the information requested by San Juan Diego Catholic High School.

Parent/Guardian Signature: _____ Date: _____

Student's Name: _____ Grade: _____

Date of Birth: _____ Current School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

REGISTRAR:

San Juan Diego Catholic High School appreciates your assistance in providing a complete and official academic transcript, including:

- Current grades for the most recently completed term
- Complete grades for the last two years
- All standardized test scores in the applicant's file
- Attendance record
- Disciplinary record
- Immunization & Vision/Hearing record & Scoliosis
- 504 Accommodations Records (if applicable)

Please send these materials directly to the DIRECTOR OF ADMISSIONS at San Juan Diego Catholic High School. Thank you!

San Juan Diego Catholic High school
2512 S. 1st St
Austin, TX 78704
Phone: 512-804-1935 Fax 512-804-1937



CONSENTIMIENTO PARA HACER PÚBLICO DOCUMENTOS ESCOLARES

To:

Director, Registrador, o Consejero/a de la Escuela Actual

El estudiante nombrado abajo está solicitando ingresar a San Juan Diego Catholic High School. Yo autorizo hacer público la información escolar solicitada por San Juan Diego Catholic High School.

Firma de Padre/Guardián _____ Fecha _____

Nombre del Alumno: _____

Grado: _____

Fecha de Nacimiento (MM/DD/AA): ____/____/____ # de Seguro Social: _____

Domicilio: _____

Ciudad: _____ Estado: _____ Código Postal: _____

REGISTRADOR:

San Juan Diego Catholic High School (SJDCHS) agradece su asistencia en proveer una transcripción oficial y completa incluyendo:

- Grados del trimestre más actual
- Grados completos de los últimos dos años de escuela
- Resultados de exámenes normalizados en el expediente del estudiante
- Registro de absentismo
- Registro de disciplina
- Registro de vacunas y vision/oír y escoliosis
- Documentos del programa de 504 (si aplique)

Favor de enviar estos documentos directamente al DEPARTAMENTO DE ADMISIONES en SJDCHS.

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