



St. Catherine of Siena Academy Student Profile Release Form

Date: _____

Name of School: _____

Address: _____

City/Zip: _____

Dear Parent/Guardian:

Please sign this release form and give it to your daughter's present school so that we may receive information needed for admission to **St. Catherine of Siena Academy**.

This information release form will allow the school to send information to the requesting academy, **St. Catherine of Siena**, so that your daughter may be considered for entry.

Student Name: _____

Address: _____

City/Zip: _____

I authorize _____ School to complete the STUDENT PROFILE requested by **St. Catherine of Siena Academy** and release _____ School from any liability for providing the information requested.

Parent Signature: _____ Date: _____

FOR SCHOOL PRINCIPAL OR COUNSELOR ONLY

The above named student has taken the High School Placement Test to enter St. Catherine of Siena Academy.

In order for us to effectively evaluate her candidacy, we need additional information. A Counselor or current teacher of the student should complete the Student Evaluation.

Important: We ask that the PROFILE (NOT THE PERMANENT RECORD) be mailed to us as soon as possible. Thank you for your cooperation.

Sincerely
Ms. Amy Leblanc
Director of Admissions

Mail Student Profile: **St. Catherine of Siena Academy**
 Admissions Office
 28700 Beck Road
 Wixom, MI 48393

NOTE: STUDENT PROFILE SHEETS SHOULD ONLY BE SUBMITTED TO ST. CATHERINE OF SIENA ACADEMY