NOLAN CATHOLIC HIGH SCHOOL

Records Release Form

(Provide this form to your student's current school)

Name of Student: _____
First Middle Last

Date of Birth: _____

Name of Current School: _____

School Address: _____
Street City State Zip

I hereby authorize you to release my student's records to Nolan Catholic High School.
Please provide the following information:

◯ Last Two Years Standardized Test Scores (All Applicants)

◯ Student's Academic Record
(7^{th} and 8^{th} Grade Report Cards for 9^{th} Grade Applicants)
(Last Two Years Report Cards for 10^{th} – 12^{th} Grade Applicants)

◯ Documentation of Learning Disability and/or Accommodations (If Applicable)

◯ Official High School Transcript (10^{th} – 12^{th} Grade Applicants)

◯ Copy of Birth Certificate (All Applicants)

◯ Copy of Immunization Record (All Applicants)

Parent Signature: _____ Date: _____

Please forward records via mail, fax, or as a PDF attachment to:

Admissions Office
Nolan Catholic High School
4501 Bridge Street Fort Worth, Texas 76103
Office: 817-395-0245
Fax #: 817-880-8008
admissions@nchstx.org