



A member of the ACUE Consortium
Web: www.holytrinity-school.org

Date _____

I, as a parent or guardian of _____ authorize and approve the release of all information concerning the educational placement of my child who is enrolling in grade _____ and whose birth date is _____.

Records are in the custody of:

School

Street

City, State, Zip Code

Records will be sent to:

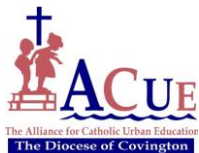
Holy Trinity School
840 Washington Avenue
Newport, KY 41071

This information should include:

- Grades and/or academic standing
- Individual standardized Achievement Test Results
- Health Forms
- Psychological evaluation report
- Key to grading system
- Copy of Social Security card
- Copy of Birth Certificate
- Copy of Baptismal Certificate (if applicable)

My signature below constitutes notice to me that this information will be disclosed only to school personnel who have a legitimate educational interest in my child.

Signed _____
Parent or Guardian
Address _____



JUNIOR HIGH SCHOOL
840 Washington Avenue
Newport, KY 41071
859-292-0487
859-431-8745 (fax)

ELEMENTARY SCHOOL
235 Division Street
Bellevue, KY 41073
859-291-6937
859-291-6970 (fax)

CHILD DEVELOPMENT CENTER
840 Washington Avenue
Newport, KY 41071
859-491-7612
859-431-8745 (fax)