



Bishop Rosecrans High School

1040 East Main Street
Zanesville, OH 43701
Phone: (740) 452-7504
Fax: (740) 455-5080

www.rosecrans.cdeducation.org

Date: _____

The student named below has enrolled at Bishop Rosecrans High School in grade _____
beginning _____.

Student name _____

Address _____

Social Security number _____ Date of Birth _____

Please send **all** records to the school relating to this student. Please include the following:

- **Each End of Course Test scores and graduation points earned**
- **OGT, OAA, Terra Nova test scores and results**
- **ACT, SAT, PSAT, PLAN test scores and results**
- **additional test scores and results**
- **attendance records**
- **health and medical records**
- **ETR documents (if applicable)**
- **IEP documents (if applicable)**
- **psychological information**
- **discipline records**
- **birth certificate**
- **social security card**

Please return this form to the BRHS school office. I consent to the release of my child's records to Bishop Rosecrans High School.

Parent name (please print) _____

Parent signature _____

Thank you for your assistance,

Ms. Jennifer Mallett
Principal