



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
- OAA, Terra Nova test scored 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,

Kelly Sagan
Executive Director

Bishop Rosecrans 1040 East Main Street Zanesville, Ohio 43701

740.452.7504

Bishop Fenwick 1030 East Main Street Zanesville, Ohio 43701

740.454.9731