ST. PIUS X HIGH SCHOOL

811 West Donovan Houston, Texas 77091 713-692-3581 Application for Admission

AUTHORIZATION TO RELEASE INFORMATION

Give this form directly to your CURRENT SCHOOL.

Student's Legal Name:				
_	Last	First		Middle
Grade Applying For:_		For the academic	Fall (yr)	Spring (yr.)
	rar at the cu	the information requeste	•	
To the Registrar: The student named above is seeking admission to St. Pius X High School. Please forward all records (including transcript, standardized test scores, and medical records) to the St. Pius X High School Enrollment Management Office admissions@stpiusx.org. We appreciate your effort on behalf of this student and we thank you for providing us with the needed credentials.				
Authorization is hereby granted to :				
School Enrollment Ma		•	forward to the S	ol Pius X High
Authorized Signature	of Parent/Gu	ıardian	Date	