



# St. Catherine of Siena Academy

## Student Profile Release Form

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Date: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

### Dear Parent/Guardian:

Please sign this release form and give it to your daughter's present school so that we may receive information needed for admission to **St. Catherine of Siena Academy**.

This information release form will allow the school to send information to the requesting academy, **St. Catherine of Siena**, so that your daughter may be considered for entry.

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

I authorize \_\_\_\_\_ School to complete the STUDENT PROFILE requested by **St. Catherine of Siena Academy** and release \_\_\_\_\_ School from any liability for providing the information requested.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### FOR SCHOOL PRINCIPAL OR COUNSELOR ONLY

The above named student has taken the High School Placement Test to enter St. Catherine of Siena Academy.

In order for us to effectively evaluate her candidacy, we need additional information. A Counselor or current teacher of the student should complete the Student Evaluation.

Important: We ask that the PROFILE (NOT THE PERMANENT RECORD) be mailed to us as soon as possible. Thank you for your cooperation.

Sincerely  
Tricia Turek  
Admissions

Mail Student Profile: St. Catherine of Siena Academy  
Admissions Office  
29550 William K. Smith Drive, Suite C  
New Hudson, MI 48165

NOTE: STUDENT PROFILE SHEETS SHOULD ONLY BE SUBMITTED TO ST. CATHERINE OF SIENA ACADEMY