



NOTRE DAME HIGH SCHOOL

CHARACTER • COMPASSION • CONFIDENCE

End of Year Record Release Form (Transfer)

PLEASE NOTE: IT IS THE FAMILY'S RESPONSIBILITY TO ENSURE THAT THIS INFORMATION IS RECEIVED BY NOTRE DAME HIGH SCHOOL BY THE DATE REQUIRED. WE STRONGLY RECOMMEND GIVING THIS FORM TO YOUR SCHOOL ONCE YOUR STUDENT HAS COMPLETED THE SPRING 2024 SEMESTER.

Instructions for Parents/ Legal Guardians: Please complete the permission form below and submit it to your student's current middle school allowing necessary enrollment documents to be sent directly to Notre Dame High School.

Instructions for Middle School Officials: Upon receipt of the signed permission below, please submit an official 8th-grade report card and student medical records to Notre Dame High School. Documents may be sent by regular mail or email to the Admission Office.

Date: _____ **Student's Name:** _____

I give permission to _____ (*name of current school*) to provide the following information concerning my child to the Admissions Office at Notre Dame High School. Information must be received by **Monday, August 12, 2024** to ensure that the student is able to enroll for the Fall, 2024 semester.

- **Official High School Transcript**
- **Medical Records from School Nurse**

Signature of Parent or Legal Guardian: _____

Office of Admission:

Email: admissions@notredamehs.com

Phone: (203) 937-3241

Mailing Address: Attn: Office of Admissions, 1 Notre Dame Way, West Haven, CT 06516

Suzanne Carlona-Torre, School Nurse:

Email (prior to the start of the academic year): cschulken@notredamehs.com

Phone: (203)-937-3233

Mailing Address: Attn: School Nurse, 1 Notre Dame Way, West Haven, CT 06516