Records Request

Saint Joseph Academy 101 Saint Joseph Dr. Phone (956) 542-3581 ext. 304 www.sja.us

(Parent/Legal Guardian Signature)



Admissions Office Brownsville, TX 78520 Fax (956) 541-4495 SJAAdmissions@sja.us

(Date)

Student:		
(Last name)	(First name)	(Middle name)
Date of Birth:	Current Grade Level: _	
I,(Print Name of Parent/Legal Guardian)	, parent/ legal guardian o	of the aforementioned student, authorize
	_ to provide the informatio	n listed below to Saint Joseph Academy.
(Print Name of Student's Current School)		
At the conclusion of the first semester of the currer	nt school year:	
• First semester report card for current school y	ear and previous year's repor	t card (applicants for grades 7, 8, and 9)
 Complete high school transcript (applicants for grades 10, 11, and 12) 		
Most recent standardized test scores		
Language Arts and Math teacher recommendation forms		
Documentation of learning difference (if applic	cable)	
At the conclusion of the current school year:		
• Final report card for current school year (applicants for grades 7, 8, and 9)		
Complete high school transcript reflecting final grades for current school year (applicants for grades 10, 11, and 12)		
Most recent standardized test scores		
Most recent immunization records		
		anscripts/report card, previous nendations,
Nondiscrimination Policy Saint Joseph Academy admits students of any sex rights, privileges, programs, and activities general not discriminate on the basis of sex, race, color, nation of its educational policies, financial assistance	, race, color, nationality, ethn lly accorded or made availablationality, ethnic origin, or re	ic origin, and religion to share in all the e to students at the school. The school does ligion in admission policies, the administra-