



RECORDS RELEASE

PLEASE COMPLETE THIS FORM AND RETURN WITH YOUR APPLICATION.

Applicant's Name _____

Parent's Name _____

Parent's Phone _____ / _____ - _____

Parent's Email _____

Date of Birth _____

Current School _____

Fax Number of Current School _____ / _____ - _____

Current Grade in School _____ Applying for Grade _____

RECORDS TO BE RELEASED TO NOTRE DAME

1. Immunization
2. Transcript
3. Psychological evaluations and test results for ADD/ADHD or Learning Disability
4. Academic evaluations and test results
5. Attendance
6. Discipline Records

Parent's or Guardian's Signature _____

Date _____

Please send records by mail, email, or fax to the attention of: Director of Admissions

Notre Dame High School
2701 Vermont Ave.
Chattanooga, TN 37404

admissions@myndhs.com

Fax: 423-624-4618