



STUDENT INFORMATION RELEASE FORM

Date: _____

I, the parent or legal guardian of: _____
(Student's name)

give my permission for: _____
(Name of student's CURRENT school)

(School address) (City) (State) (Zip code)

(Name of principal or director) () (School phone)

to forward school records and any pertinent school information regarding this student to:

Admissions Department:

Barat Academy

1 Academy Place

Dardenne Prairie, MO 63368

Signature of parent/ guardian: _____

Relationship to student: _____

All applicants must complete and return this form to the Admissions Department.

Do not send directly to your child's current school. Thank you.