



P A R E N T S T A T E M E N T S U P P L E M E N T

Applicant Name: _____

EVALUATION HISTORY

Has your daughter ever undergone any psychological or educational testing? Yes No

If so, please provide the individuals, including addresses and phone numbers, from whom we may obtain such testing results.

Name _____

Address _____

Phone _____ Approximate date of evaluation _____

APPLICATION HISTORY

Please indicate whether your daughter has applied to the Academy previously. Yes No

If so, please provide the year and the outcome: _____

Please list the other schools to which your daughter is currently applying or planning to apply.

School Name: _____

School Name: _____

School Name: _____

ADDITIONAL INFORMATION

You may include here anything else you would like us to know about your daughter as we consider her application to the Academy of the Sacred Heart.

PARENT WAIVER

By signing below, I grant permission to the Academy of the Sacred Heart to obtain my daughter's school records, as well as to contact the references and professionals I have provided to the Academy. In addition, I waive my right of access to confidential assessment and evaluation materials at any time. **(Please note that both parents must sign this form.)**

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

The Academy is an independent, Catholic college preparatory school for girls that admits qualified students of any race, color, religion, nationality or ethnic origin.