

**Consent to Release Information**

To be completed by the parent or guardian of the student applying to the Companion Scholars Program and **forwarded to the student’s guidance counselor or principal**.

To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of your child’s school guidance counselor or principal)

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is applying to the

2016-17 Companion Scholars Program is an academic enrichment program at St. Xavier High School. The application consists of a student application, parent/guardian statement and (2) teacher references. Please send a copy of my child’s most recent grades, transcript, standardized test scores and discipline records no later than March 31, 2017 **to:**

**St. Xavier High School**

**Companion Scholars Program**

**600 West North Bend Road**

**Cincinnati, Ohio 45224**

**Attention: Jill Malik**

*Program Coordinator: Jill Malik*

(513) 761-7815, ext. 526

jmalik@stxavier.org

Please contact Jill Malik if you have any questions. Thank you for your help in completing my child’s application to the Companion Scholars Program.

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Parent or guardian signature Date

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Guidance Counselor or Principal signature Date