



SARATOGA CENTRAL CATHOLIC SCHOOL

247 Broadway, Saratoga Springs, NY 12866

Phone: 518.587.7070 Fax: 518.587.0678

www.saratogacatholic.org

Heather Bott, Enrollment Coordinator

hbott@saratogacatholic.org

Current/Prior School Name: _____

Guidance Counselor Contact Information: _____

Contact Phone # and/or email address: _____

The following student has applied to Saratoga Central Catholic School:

_____ Grade: _____

Please fax or email the following information as soon as possible:

- _____ Transcripts
- _____ Current/Final Report Card – Incoming 6th Grader or Freshman – Must state “PROMOTION to 6th or 9th GRADE”
- _____ State Testing Scores
- _____ Any STATE standardized testing score report
- _____ Interim Reports
- _____ Attendance and Discipline Report
- _____ Psychological/special placement data including IEP/504 Accommodation Plan
- _____ Medical Information

Parent/Guardian Signature

Date

By signing this, I give my permission to release pertinent information to Saratoga Central Catholic School regarding my child.

Date Requested

2nd Request

3rd Request

4th Request

5th Request



Omnia Pro Deo – All For God

