

# *Notre Dame of Bethlehem School*

*1835 Catasauqua Road*

*Bethlehem, PA 18018*

*Phone: 610-866-2231*

*Fax: 610-866-4374*

## *Release of Records Form for Admission*

This will authorize

Name of School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

to release to Notre Dame of Bethlehem School information from the records of:

\_\_\_\_\_ Child's Name

### **Information to be released:**

\_\_\_\_\_ Medical

\_\_\_\_\_ Scholastic

\_\_\_\_\_ Standardized Test Scores

\_\_\_\_\_ IST Records

\_\_\_\_\_ Reading Test Results or Reading Readiness Test Results

\_\_\_\_\_ I. Q. Test Scores

\_\_\_\_\_ I.E.P. Information

\_\_\_\_\_ Other (Specify) \_\_\_\_\_

Please send all information to:

**Notre Dame of Bethlehem School**

**1835 Catasauqua Road**

**Bethlehem, PA 18018**

Thank you for your cooperation.

Respectfully yours,

\_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_