

CHRISTIAN BROTHERS ACADEMY
PERMISSION FORM

Student: _____

Social Security Number: _____ Current Grade _____

Current School: _____

School Address: _____

City/State/Zip: _____

Guidance Counselor: _____

Phone #: _____ Fax #: _____

E-mail Address: _____

I hereby grant permission to Christian Brothers Academy to contact my son's current school to request a copy of all of his ACADEMIC and HEALTH records. To process his application, the following information is required for review:

- a) Most recent report card
- b) Final report card for previous school year
- c) Most recent standardized test scores
- d) CBA letter of recommendation forms (2)
- e) Please indicate any advanced courses taken by this student such as math, science or language (8th grade)

Signature _____ Date _____
(Parent or Guardian)

Please return to:

Arthur F. Smith '63
Director of Admissions
Christian Brothers Academy
12 Airline Drive, Albany, NY 12205