



# Bishop Hendricken High School

*Catholic Values Fostering a Tradition of Excellence*

## TRANSCRIPT RELEASE

*A parent or legal guardian must complete and sign the transcript release form. (Please Print)*

Student's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Street: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Present School: \_\_\_\_\_ Present Grade: \_\_\_\_\_  
School Phone: \_\_\_\_\_

*I do hereby authorize my son's present school, as stated above, to forward the following information to Bishop Hendricken High School: Academic record, Standardized Testing Scores, Absence/Tardy Record, Disciplinary Action, and any other information pertinent to the student's application for admission, including copies of a PLP, IEP or 504, if applicable.*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## ENTRANCE EXAM REGISTRATION

*All applicants to the 8th, 9th and 10th grade are required to take the Catholic High School Entrance Exam.*

*Please select one of the entrance exam dates listed below*

- Saturday, December 1, 2018       Saturday, December 8, 2018
- Make-up Exam (Date): \_\_\_\_\_
- Exam at Another Location (please indicate the school): \_\_\_\_\_

### **Application and Exam Fee: \$50.00**

*The \$50.00 fee covers both the application and exam registration and may be submitted with either form.*

*Checks should be made payable to Bishop Hendricken High School.*

*Please return the completed transcript release/exam registration to:*

Admissions Office/ Bishop Hendricken High School / 2615 Warwick Avenue, Warwick, RI 02889  
t (401) 739-3450 x163 / f (401) 732-8261 / [www.hendricken.com](http://www.hendricken.com)