

ST. BENEDICT
CATHOLIC CHURCH AND SCHOOL



St. Benedict Catholic Church and School
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RECORD RELEASE FORM

I, _____ give permission to the principal, Social Worker, or relevant faculty member of St. Benedict School to communicate with school personnel at:

_____ *Current School Attending*

regarding my child, _____
Print Child's Name

as part of the St. Benedict School admission screening process. I understand that all information received will be held as confidential and cannot be released without written permission of the parent/guardian.

I further understand that if it is established after my child is accepted, that I was not forthcoming about information requested, I will place my child's status as an SBS student in jeopardy.

Signature

Date

Relationship to child