



The community you feel. The lessons you love.

REQUEST FOR RECORDS
Students Entering Grades 1 to 8

(Present School)

(Child's Name)

(Address)

(Grade – Teacher)

(State, Zip)

(Date)

(_____) _____
Phone

The parents/guardian of _____ have enrolled their child in

Saints Simon and Jude School. Please be kind enough to forward all scholastic and medical records to our school.

Sincerely,
Sister Regina Elinich, IHM
Principal

I give my permission for you to release any scholastic, discipline, and medical records of my child to Saints Simon and Jude School.

(Parent Signature)

(Date)