



SAINT PATRICK PARISH

THE CATHOLIC COMMUNITY OF HUDSON, WISCONSIN

CATHOLIC SCHOOL

Student Record Release Form

Date: _____

The following student(s) has enrolled in our school:

Name of Student(s):

Grade entering

Birth date

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please forward all information to address above:

- Records of academic performance
- Standardized test results
- Health records
- Psychological evaluation reports
- Any additional information that would be of help to us in making the best possible placement for the student(s) listed above.

Has this child been in any special program in your school? yes no

If so, what program? (check where applicable) speech, learning disabilities,

remedial reading, counseling, other _____

Parent Signature: _____

School records are being requested from:

School Name: _____

School Address: _____
(Street) (City, State, Zip)

School Phone #: _____ Fax #: _____