



Sacred Heart Catholic School

Gervais

Request for Student Records/ Solicitud de registros estudiantiles

Requesting Records From/ Solicitud de registros de:

Please Send Records To:

School/ Colegio: _____

Sacred Heart Catholic School

Mailing Address: _____

P.O. Box 215

City, State, Zip: _____

Gervais, OR 97026

Request Date/ fecha de solicitud: _____

Re: Student/ estudiante _____

The above referenced student has enrolled in our school. Please forward to the above post office address the records listed below, to the extent that they exist.

- Permanent Record (cumulative to the present)
- Certificate of Immunization Status
- Health Record Folder
- The most recent IEP and Statement of Eligibility for Special Education
- Other special program records (TAG, school lunch, Title 1, etc.)

Please provide a list of the types and location of education records maintained for students in your school/
Proporcione una lista de los tipos y la ubicación de los registros educativos que se mantienen para los estudiantes en su escuela:

Name of the person responsible for student records: _____

Thank you.

Signature of Parent/Legal Guardian/ Firma del padre / tutor legal

Date/Fecha