

REQUEST FOR RECORDS—FOR STUDENTS NEW TO ASSUMPTION
(THIS FORM IS NOT NEEDED FOR ASSUMPTION EARLY LEARNING CENTER STUDENTS)

STUDENT INFORMATION

DATE OF REQUEST _____

STUDENT LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____ CURRENT GRADE _____
_____/_____/_____
DATE OF BIRTH _____ PLACE OF BIRTH—CITY _____ STATE _____
CURRENT ADDRESS—STREET NUMBER AND NAME _____ CITY _____ STATE _____ ZIPCODE _____

PARENT/GUARDIAN INFORMATION

1 _____
LAST NAME _____ FIRST NAME _____ RELATIONSHIP TO STUDENT _____
CURRENT ADDRESS—STREET NUMBER AND NAME _____ CITY _____ STATE _____ ZIPCODE _____
HOME PHONE _____

2 _____
LAST NAME _____ FIRST NAME _____ RELATIONSHIP TO STUDENT _____
CURRENT ADDRESS—STREET NUMBER AND NAME _____ CITY _____ STATE _____ ZIPCODE _____
HOME PHONE _____

I/WE HEARBY REQUEST THAT CUMULATIVE ACADEMIC AND HEALTH RECORDS FOR THE STUDENT IDENTIFIED ABOVE BE PROVIDED TO THE SCHOOL IDENTIFIED BELOW. I CERTIFY THAT AS PARENT/LEGAL GUARDIAN OF THIS STUDENT, I HAVE THE LEGAL RIGHT TO AUTHORIZE THE RELEASE OF THIS INFORMATION.

SIGNATURE _____ DATE _____ SIGNATURE _____ DATE _____

THE RECORDS REQUESTED INCLUDE THE FOLLOWING:

*CUMULATIVE RECORD OF GRADES AND ATTENDANCE

*STANDARDIZED TEST SCORES

*SPECIAL NEEDS EVALUATION, DIAGNOSTIC REPORT, AND CURRENT PRESCRIPTIVE ACCOMMODATIONS *HEALTH RECORDS

RECORDS REQUESTED FROM

SCHOOL NAME _____ TELEPHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIPCODE _____

Records may be mailed, faxed or emailed:

Assumption Parish School
4709 Mattis Road
St. Louis, MO 63128

FAX : 314-487-3598

EMAIL: lovej@assumptionstl.org

ASSUMPTION PARISH SCHOOL HAS A POLICY THAT RECORDS MAY BE WITHHELD BECAUSE OF AN UNPAID TUITION BALANCE.