

ST. JOSEPH SCHOOL

39 Gebhardt Rd.
Penfield, New York 14526

TELEPHONE: (585) 586-6968 FAX: (585) 586-4619

NEW REGISTRANT RELEASE OF INFORMATION

DATE: _____

TO: _____

My son/daughter, _____, has enrolled
name of student

at St. Joseph School in _____ grade as of _____.
date of entrance

I ask that you forward the following records:

- _____ SCHOLASTIC
- _____ TESTING
- _____ HEALTH
- _____ PSYCHOLOGICAL

To: Mrs. Amy Johnson, Principal
St. Joseph School
39 Gebhardt Road
Penfield, New York 14526

I grant permission for the release of _____'s records.

_____ Date: _____
parent/guardian signature