



REQUEST FOR RECORDS

Previous School Name:
School Address:
Telephone / Fax:

Dear Principal,

The following student(s) have enrolled in our school. Please send the cumulative folder, health records, report cards, test results, birth certificates, ISP/IEP (if applicable) as soon as possible.

Student(s):	Grade:

Sincerely,
Mr. Timothy Dunnigan
Principal

RELEASE OF RECORDS

I hereby authorize the release of information regarding my child(ren), to
St. Therese School, 135 Main Street, Succasunna, NJ 07876

Parent Signature:	Date:
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ST. THERESE SCHOOL

135 Main Street, Succasunna, NJ 07876 • 973-584-0812 • STS.StThereseRoxbury.org

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