



SAINT MARY
S C H O O L

TRANSFER STUDENT FORM
RECORD RELEASE

The parent(s)/guardian(s) of _____
have registered him/her for admission to the _____ grade of Saint Mary School.

Please send us all pertinent information, including:

- Transcript of academic records (include standardized test scores, if available)
- Health Record (*dates of all immunizations, to access Forms: available by Click "Health Office" button at stmaries.org/Page/On-Campus/health-services*)
- Any pertinent psychological information, profiles, and/or testing
- Compensatory Education information

Name of School (student is transferring from): _____

Address of school: _____

Sincerely,

Mr. C. Palmer
Principal
Saint Mary School

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I authorize the release of all pertinent records listed above, regarding my child, _____
to Saint Mary Elementary School.

Parent/Guardian Name (PLEASE PRINT) _____

▶ _____
Parent/Guardian Signature *Date*

IT'S A GREAT DAY TO BE A SAINT!