REQUEST FOR SCHOOL RECORDS FOR STUDENTS ENTERING 2ND, 3RD, OR 4TH GRADES

PARENTS: Please sign and give this form to the school your child attended in the 2018-19 school year.

STUDENT NAME _____

BIRTHDATE _____

CURRENT GRADE _____

CURRENT SCHOOL _____

I give my consent to release the following information **(if available)** to St. Paul's School.

1) Final Academic records
2) Medical records
3) Psychological records

Signature _____
Signature of Parent or Guardian

Date _____

Attention: Registrar of current school:

The student named above has enrolled in St. Paul's School for the 2019-2020 school year. Please send pertinent material after the final report card has been issued, which may assist us in guidance and proper placement of this student to:

Joni Gahm
St. Paul's Lower School
P.O. Box 8100
Brooklandville, MD 21022-8100