

Request for Student Records

New Students to St. Patrick School

Date of Request _____

Student Information

Student Last Name _____

Student First Name, Middle Initial _____

Place of Birth (City/State) _____ Grade _____ Date of Birth ____ / ____ / ____

Parent/Legal Guardian Information

Last Name _____ First Name _____

Relationship to Student _____ Phone # _____

Current Address _____

City _____ State _____ Zip Code _____

I hereby request that records for the student identified above be provided to the school identified below. I certify that as parent/legal guardian and/or student, I have the legal right to authorize the release of this information.

Parent/Legal Guardian Signature _____

The records requested include the following:

- Cumulative record of grades, attendance, and standardized test scores
- Special needs evaluation, diagnostic report, and current prescriptions for adjustments
- Immunization record, vision and hearing screening, and special health care need information

Records Requested From

Relationship to Student _____ Phone # _____

Current Address _____

City _____ State _____ Zip Code _____

Send Records To

St. Patrick Catholic School
701 S. Church St.
Wentzville, MO 63385

Phone - 636-332-9913

Fax - 636-887-2065

Email - principal@stpatsch.org, office@stpatsch.org