



Mary, Seat of Wisdom School

STUDENT TRANSFER OUT RECORD RELEASE FORM

STUDENT'S NAME: _____ DOB: _____ GRADE LEVEL: _____

PRESENT ADDRESS: _____

NEW ADDRESS (IF APPLICABLE): _____

NAME OF NEW SCHOOL: _____

NEW SCHOOL ADDRESS: _____

CITY, STATE, ZIP: _____

I grant permission for the release of all records for the above named student.

_____ **PERMANENT RECORDS INCLUDING:** Basic identifying information (name, birthdate, etc.)
academic transcripts and health report.

_____ **SPECIAL RECORDS INCLUDING:** Diagnostic test scores; Psychological and other evaluative
reports; Special Education records; verified record from outside agencies.

Parent/Legal Guardian (Please Print) Date

Signature Parent/Legal Guardian Date

The following is to be filled out only if your child will be attending public school.

- A. Reason for attending a public school – Parents are moving and
- | | |
|--|---|
| <input type="checkbox"/> There is no room in new parish school | <input type="checkbox"/> New school is too far |
| <input type="checkbox"/> Are dissatisfied with Catholic school | <input type="checkbox"/> There are financial difficulties |
| <input type="checkbox"/> Need additional special education support | <input type="checkbox"/> Other |

- B. Reason for attending a public school – Parents NOT moving but
- | | |
|--|--|
| <input type="checkbox"/> There are transportation problems | <input type="checkbox"/> Are dissatisfied with Catholic school |
| <input type="checkbox"/> There are financial difficulties | <input type="checkbox"/> Need special education facility |
| <input type="checkbox"/> Child has been expelled | <input type="checkbox"/> There are family problems |