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

____ There is no room in new parish school ____ New school is too far
____ Are dissatisfied with Catholic school ____ There are financial difficulties
____ Need additional special education support ____ Other

B. Reason for attending a public school – Parents NOT moving but

____ There are transportation problems ____ Are dissatisfied with Catholic school
____ There are financial difficulties ____ Need special education facility
____ Child has been expelled ____ There are family problems

_____

Office Use Only

☐ Check missingkids.org

Mary, Seat of Wisdom School
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