

RELEASE OF RECORDS FORM

(needed for registrants for Grades 1-8)

Date _____

I hereby consent that _____
(School)

(Address) (City & State)

Release copies of _____, records to the

following school:

ST. JOHN EVANGELIST SCHOOL
9400 WICKER AVENUE
ST. JOHN, INDIANA 46373

(Parent's Signature)

_____ has enrolled in the _____
(Student's Name) (Grade)

in St. John Evangelist School effective _____.
(Date)

Please send the student's report grades, test data, medical and physiological data and other pertinent information to the school for the purposes of registration and placement. These materials will be used only in a most professional manner.

Very truly yours,

Principal, St. John Evangelist School