



## **Request for Student Records/Transcript 2024-2025**

Date of Request:	
To (previous school):	
Address:	
City, State, Zip:	
Fax number or email:	
Attention to:	

### **TO WHOM IT MAY CONCERN:**

The following student has applied for admission to St. Catherine of Siena Catholic School for the 2024-2025 school year:

Students first and last name:
Date of birth:
Present grade:

Please forward your entire record regarding this student so that we can fully evaluate him/her for admission. Specifically, please send the following:

- Cumulative folder (including grades, standardized test scores and personal information)
- Health Records (Immunizations, screening results, allergies, health issues)
- Attendance Records
- Birth Certificate (copy)
- Records indicating student Exception/Special Services (IEP or 504's)
- Other: Any other information which you believe would be helpful to both teacher and student.

This request is being made by:

Parent/Guardian signature:
Parent/Guardian printed:
Date:

Parents/Guardians: Please turn this form in with the Application for Admission to St. Catherine of Siena Catholic School. St. Catherine of Siena Catholic School will request the records from the current school. Thank you!

SCS Office Use:

1<sup>st</sup> Request: \_\_\_\_\_

2<sup>nd</sup> Request: \_\_\_\_\_

3<sup>rd</sup> Request: \_\_\_\_\_