



# Saint Patrick

CATHOLIC SCHOOL

## Student Record Release Form

Date: \_\_\_\_\_

The following student(s) has enrolled in our school:

Name of Student(s):	Grade entering	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please forward all information to:

**Saint Patrick School**  
**403 Saint Croix Street**  
**Hudson, WI 54016**

- Records of academic performance
- Standardized test results
- Health records
- Psychological evaluation reports
- Special Education information
- Any additional information that would be of help to us in making the best possible placement for the student(s) listed above.

Has this child been in any special program in your school?      yes      no

If so, what program? (circle where applicable)      speech      learning disabilities      remedial  
 reading      counseling      other \_\_\_\_\_

Parent signature: \_\_\_\_\_

**School Records are being requested from:**

**School Name:** \_\_\_\_\_

**School Address:** \_\_\_\_\_  
 (street) (City, State, Zip)

**School Phone #:** \_\_\_\_\_ **Fax:** \_\_\_\_\_