



**PARENTS: PLEASE COMPLETE AND FORWARD THIS FORM TO YOUR STUDENT'S CURRENT SCHOOL. DO NOT RETURN IT WITH THE APPLICATION PACKAGE.**

**Release of Student Records**

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

Name and Address of School currently attending:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_  
Fax# \_\_\_\_\_

The following student(s) have applied for admission to St. Thomas Aquinas Regional School for the 2018-2019 school year:

Childs name	Date of Birth	Grade
_____	_____	_____
_____	_____	_____

Please forward the following information to my attention at the above address as soon as possible so that their application and educational placement may be considered. Final records will be requested when/if the student is accepted.

- |                                       |                                   |
|---------------------------------------|-----------------------------------|
| Academic Transcripts*                 | Sociological Information          |
| Standardized Test Scores*             | IEP/504 Plan                      |
| Current Year Grades to Date*          | Child Study Referrals             |
| Attendance Information*               | Speech and Language Evaluations   |
| Discipline Record*                    | Custody Information               |
| Psychological/Educational Evaluations | Screening and Eligibility Minutes |

**Note: In accordance with FERPA (Family Educational Rights and Privacy Act), records marked with an asterisk do not require parent signature for release).**

Thank you for you cooperation.

Sincerely,  
Ms. Karen Cardinale  
Admissions/Registrar