

Student Record Release

Student: _____

Last

First

Middle

Student's current school Name: _____

Address: _____

City _____ State _____ ZIP _____

My child has enrolled in St. Mary Magdalene Catholic School. The school needs the following records to complete his/her registration:

- Health records (including immunization records), attendance report, and the previous two years of standardized test scores and report card grades.
- Confidential file (if applicable) including: Gifted and/or Special Program records, initial referral forms, current IEP, eligibility records, and the most recent psychological report.

Please mail the records directly to the school:

St. Mary Magdalene Catholic School
Attn: Records
625 Magdala Place
Apex, NC 27502

I hereby authorize the school officials to release any information regarding the above named student.

Signature of Parent or Legal Guardian

Date

Parent: Submit this signed form to your child's current/previous school.