

Request for Student Information

TO: _____
Name of school

Address

City State Zip

Telephone Fax

**FROM: CAROLE FORAN, Interim Principal
Blessed Sacrament Catholic School
1003 East Victory Drive
Savannah, GA 31405-2499
912-356-6987 (p) 912-356-6988 (f)**

**Please forward the permanent records of the following students(s):
* Please include all standardized tests and report cards**

NAME	DOB	Grade to Enter
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please include all academic, attendance, discipline, testing (achievement / standardized, etc.), health, special services or modifications (RTI / SST / other) psychological testing and any other pertinent information.

I hereby authorize the above named school to release all records and other pertinent information regarding my child to Blessed Sacrament Catholic School.

Parent or Guardian Signature

Date