



Inspiring Student Excellence; Rooted In Catholic Tradition

INFORMATION RELEASE FORM

COMPLETE FOR GRADES 1st - 8th ONLY

Dear Parent:

Please present this signed form to the school your child is currently attending as an authorization for them to release copies of transcripts, standardized testing scores, Educational Support Service plans, including but not limited to Individualized Educational Plans (IEP's) etc. and medical immunization records to St. Nicholas Catholic School.

STUDENT NAME: _____

DATE OF BIRTH: _____

CURRENT GR. LEVEL: _____

Release Statement:

I, the parent or legal guardian of the above named student, hereby authorize the release of all copies of transcripts, including transcripts, standardized testing scores, Educational Support Services reports, Individualized Educational Plans (IEP's) etc. and medical immunization records to St. Nicholas Catholic School.

Signature

Print Name

Please mail student's file to :
St. Nicholas Catholic School
ATTN: Admissions
12816 El Monte Road
Los Altos Hills. CA 94022
650-941-4056

