



To know Jesus, to love Jesus, to serve Jesus

Dear Administrator,

The student listed below is enrolled in Assumption BVM Elementary School for the 2017-2018 school year. Please forward the records listed below along with any and all academic records, instructional levels, and grades earned to date to the address below:

Assumption BVM- Student Records  
290 State Road  
West Grove, PA 19390

Your assistance in facilitating placement is greatly appreciated.

Sincerely in Christ,

Danielle J. White, School Principal

**AUTHORIZATION FOR RELEASE OF SCHOOL RECORD**

I authorize Assumption BVM Elementary School to receive the school records of my son / daughter, \_\_\_\_\_ from

\_\_\_\_\_  
(Name of Agency, Person or School)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- PLEASE INCLUDE:**
- HEALTH RECORDS
  - CUMULATIVE RECORDS
  - TEACHER'S RECORDS
  - STANDARDIZED TEST SCORES
  - PSYCHOLOGICAL REPORTS
  - INDIVIDUAL EDUCATION PROGRAMS
  - PERMISSION TO SPEAK WITH SCHOOL COUNSELOR

I hereby authorize the sending of all school records/medical records regarding my child to Assumption B.V.M. Elementary School.

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_