

ST. BONIFACE SCHOOL
4305 PITTS AVENUE • CINCINNATI, OHIO 45223
Phone (513) 541-5122 • Fax (513) 541-3939
egalbraith@stbonifaceschool.net

REQUEST FOR RELEASE OR TRANSFER OF SCHOOL RECORDS

(This form authorizes transfer of all school records as defined by P.L. 93-380 and any amendments thereto.)

The student(s) listed below are applying for enrollment in St. Boniface School. Please send a copy of the following:

- | | |
|---|---|
| 1) Transcript of subjects and grades
(include final report card) | 6) Health and immunization records |
| 2) Attendance record | 7) Ohio Proficiency Test results |
| 3) Behavior/Conduct record | 8) Standardized Test results |
| 4) Birth Certificate | 9) IEP and Special Education records, if applicable |
| 5) Social Security Card | 10) Psychological or other individual test results |

<u>Name</u>	<u>Grade in 2021-2022</u>

I, _____, (Parent/Guardian) of the above-named student(s),

do hereby give my permission for _____
(name of current school)

to release all pertinent records to St. Boniface School.

Parent/Guardian Signature

Date: _____

To the Registrar:

Please send the above records, if available, as soon as possible via email to egalbraith@stbonifaceschool.net. We would appreciate receiving any additional information that would enable us to better meet the individual needs of the student(s). Thank you in advance for your prompt cooperation.