

SACRED HEART SCHOOL

56 Purchase Street, East Providence RI 02914

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PERMISSION FOR RELEASE OF STUDENT RECORDS & TEACHER EVALUATIONS

Please print clearly all information.

Applicant's Name: _____

Current School: _____ **Current Grade:** ____ **Applying to Grade:** ____

Dear Parents/Guardians,

This signed form is to be given to your child's current or most recent school. Please be certain to time its delivery so that the information requested arrives at Sacred Heart School quickly.

This form is to authorize the Director, Principal, or Head of your child's school to release copies of all requested records to Sacred Heart School and, if contacted, to speak to SHS personnel about this applicant. This form also gives permission to your child's former and/or current teacher(s) to speak to SHS personnel about this application.

I/We authorize the release of all requested education records of the above-named applicant to Sacred Heart School.

Parent/Guardian Signature(s): _____ **Date:** _____

Dear School Administrator(s):

The student whose name appears on this form has applied for admission to Sacred Heart School. So that we may be fully informed of the student's qualifications, please send us copies of the following information, along with this original form, within one week of the date above.

1. Copy of permeant file/transcript
2. Copy of the most recent report card, conference notes/progress reports from the current academic year
3. Copy of the previous year's school report card, conference notes/progress reports
4. Copy of any educational assessments, aptitude tests, and/or specialized testing results
5. Copy of any standardized test results
6. Original or copies if medical records according to state law
7. IEP, service plan, special education, RTI plans, or psychological records/reports
8. Special staffing requirements
9. Child Outreach Screening
10. Other information that you feel might be helpful to us in evaluating this student

We are aware of the time and thought this request requires, and we sincerely appreciate your assistance. We invite you to contact our office directly with any concerns or questions you may have about this request. Please mail original form and materials to:

**Sacred Heart School
Attn: Admissions
56 Purchase Street
East Providence, RI 02914**

Mission Statement

Sacred Heart School lives the Guanelian family spirit of charity by embracing all students with respect and esteem. Recognizing Christ in each person, we provide a distinctly Catholic education that empowers students with knowledge and skills to succeed in life. Through a caring environment, we foster the God-given gifts and abilities of our students, so as to prepare them to contribute positively in the Church and society.