SACRED HEART SCHOOL

56 Purchase Street, East Providence RI 02914 401.434.1080 | info@sacredheartepri.com | www.sacredheartepri.com



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,		
all requested records to Sacred Heart Sch applicant. This form also gives permission SHS personnel about this application.	d arrives at Sacred Hear c, Principal, or Head of yo nool and, if contacted, to on to your child's former	t School quickly. our child's school to release copies of speak to SHS personnel about this
Parent/Guardian Signature(s):		Date:

Dear School Administrator(s):

Applicant's Name

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 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