



Request for COPY of School Records to be used for our Application Process only

To the Administration of _____

Address _____

City, State, Zip _____

Please send **COPIES ONLY** of school records-including and especially:

- | | |
|----------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Special Ed. Records | <input type="checkbox"/> Transcripts |
| <input type="checkbox"/> Evaluations | <input type="checkbox"/> Standardized test results |
| <input type="checkbox"/> IEPs | <input type="checkbox"/> Report cards |
| | <input type="checkbox"/> Health records |

for the following student(s) currently enrolled in your school:

Name	Grade

Records should be mailed to: Registrar
Sacred Heart School
289 Lafayette Road
Hampton, NH 03842

or emailed to : Admissions@shshampton.org

I/We give permission to release copies of the above records to Sacred Heart School.

Parent Name(s) Please Print: _____

Parent Signature(s): _____

Date: _____

O:/Admissions/Admission Forms - Revised: 2/16/2021