



Transfer Request for Student Cumulative File

To the Administration of: _____

Address: _____

Contact Information: _____

The following student(s) has/have enrolled in Sacred Heart School for the upcoming school year:

Name	Last Grade Attended

Please send ORIGINAL Cumulative File 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 |

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

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

Parent Name(s) Please Print: _____

Parent Signature(s): _____

Date: _____