



SACRED HEART SCHOOL
HAMPTON | NEW HAMPSHIRE

Transfer Request for ORIGINAL Student School 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 Student School File including and especially:

Transcripts	___ Special Ed. Records including
Standardized test results	Evaluations, 504 Plan or IEPs
Report cards	(if applicable)
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: _____

O:/Admissions/Admission Forms - Revised: 8/5/2025