



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

To the Administration of: _____

Address: _____

Contact Information: _____

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

- Special Ed. Records Transcripts
- Evaluations Standardized test results
- IEPs Report cards

**Please
Do NOT send
ORIGINAL
files at
this time.**

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: 7/1/2021