

St. Bede the Venerable School
1053 Holland Rd.
Holland, Pa 18966

215-357-4720
215-355-9526 fax
www.stbedeschool.org



REQUEST FOR STUDENT RECORDS

Student's Name: _____

Birthdate: _____ Grade: _____

Previous School's Name and Address:

SUBJECT: SCHOOL RECORDS:

The above student has enrolled in our school. Please send his/her records, including psychological reports, health records and such other information that would be helpful in planning his/her education program.

SEND TO: St. Bede the Venerable School
Attn: School Secretary
1053 Holland Road
Holland, PA 18966

St Bede the Venerable School Secretary

AUTHORIZATION TO RELEASE PUPIL'S SCHOOL RECORDS

I have enrolled my child, _____
in the above school and hereby authorize you to release his/her school records.

Signature of Parent or Guardian

Date

This form must be completed and signed at the time of transfer or records will not be released until the start of the new school year.