

St. John Fisher School
10200 South Washtenaw Avenue
Chicago, IL 60655

773-445-4737

Date: _____

To: Records Department

School Name

School Address

Dear Principal:

Please send the school file consisting of report cards, test results, personal history, health records and any other pertinent information you may have on the following child(ren) now enrolled in St. John Fisher School.

Student Name:

Incoming Grade:

Thank you,
Sr. Jean McGrath
Principal, St. John Fisher School

Parent's Signature

Office Use Only:
1 st Request Date _____
2 nd Request Date _____
Contact Administration _____
Date Records Received _____