



Date: _____

Attn: 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,

Mrs. Maura Nash
Principal, St. John Fisher School

Office Use Only:

1st Request Date	
2nd Request Date	
Contact Administration	
Date Records Received	

Parent's Signature