

Request for Student Records

| To: Registrar | | | |
|--|--|--|---------------------------|
| School: | | Date: | |
| | | Phone: | |
| | | Fax: | |
| Dear Registrar, | | | |
| I hereby request and author for the purpose of Admiss: | | Clairvaux Catholic School to o | btain written information |
| Student's Name: | | | |
| Grade: DO | B: | Enrollment Date: | - |
| Parent's Signature: | | | |
| Please send: | | | |
| Report Card / Attended Advanced Placemer Academic or other STAR Testing Score Discipline | nt or Gifted Inform support records (if | nation applicable: LEP / ESL / Specia | l Education IEPs |
| Thank you for your attenti convenient for you. | on on this matter. | You may send all documents by | y any means most |
| Warmest Regards, Guille Luna Admissions gluna@sbdallas.org | | | |

1420 Old Gate Lane Dallas, TX 75218 214-321-2897 Fax 214-321-4060 www.stbernardccs.org