



Request for Student Records

Name of Student _____

Address: _____

Present School: _____

Address: _____

Date of Birth: _____ Present Grade: _____

The above pupil has enrolled in our school. Please send his/her records to:

*Holy Cross Academy
40 Rumson Road
Rumson, New Jersey 07760
Email: schooloffice@hcarumson.org*

Also any of the following information you can supply:

Retention History
Progress Reports

Achievement Test Results
Intelligence Test Results
Social & Emotional Development

Authorization to Release Student Records

I have enrolled my child _____ in the above school and authorize you to release records to Holy Cross School.

Signature of Parent or Guardian:

Date: _____