Request for Student Records

I/We hereby request that cumulative academic and health records for my child be provided to St. Frances Cabrini Academy. I certify that as parent/legal guardian of this student, I/we have the legal right to authorize the release of this information.

I/We authorize St. Frances Cabrini Academy to contact schools and other sources to obtain additional information relative to my/our child's application.

I/We authorize the release of all applicable records, including any of the following:

- Report Cards (current & past)
- Student Progress Reports
- Standardized Test Results
- Records from Any Previous School
- Reading Records
- Attendance Records
- Evaluation Reports
- Individual Education Program Plan
- Current Teacher Recommendations
- Discipline Records
- Grading Scale Interpretation
- Medical Records
- Immunization and Medical Records
- Psychological Reports
- Speech Evaluation & Hearing/Vision Testing

Please forward all records to:
St. Frances Cabrini Academy
3022 Oregon Ave.
St. Louis, MO 63118
Phone: (314) 776-0883 / Fax: (314) 776-4912

Student's Name: _____
First Middle Last

Current Grade: _____ Date of Birth: ___/___/___ Anticipated Start Date: ___/___/___

Current School: _____

School Address: _____
Street Address City State Zip

School Phone: _____ School Fax: _____

Statement of Confidentiality: It is the policy of St. Frances Cabrini Academy that all information received regarding an applicant's application for admission will be treated with complete confidentiality. Only authorized school personnel have access to such information.

Signatures:
Father / Guardian: _____ Date: ___/___/___

Mother / Guardian: _____ Date: ___/___/___

An original copy of all records must be on file, so please mail all records to St. Frances Cabrini Academy. A copy of pertinent records may also be faxed to the school to expedite the admissions decision.