



SAINT ANTHONY
GRADE SCHOOL

405 N Second Street Effingham, IL 62401
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Email: jsayne@stanthony.com

STUDENT RECORD RELEASE FORM

Please send records to address or email noted above. Thank you!

Date: _____

Name of Previous School: _____

Address: _____

City: _____ State _____ Zip _____

Phone _____ Fax _____

Student(s):	Entering Grade
_____	_____
_____	_____
_____	_____
_____	_____

Please send all applicable records:

- Transcripts of grades or copies of grade reports
- Any standardized test results
- Immunization and health records
- Incidents of discipline infractions, ratings and observations of the student
- All pertinent special education reports: Psychologicals, Social Developmental Studies, Individualized Education Plans, Staffing Reports, Speech Reports
- Detailed attendance report

Office Use Only – St. Anthony Grade School

_____ At this time, requesting records for application/review process only.

Student(s) accepted, _____ Requesting final records for student transfer.

Authorized by: _____
Parent/Guardian Signature

Address: _____

City/State/Zip: _____