



405 Black Street Schulenburg, Tx. 78956
979-743-4228 Fax 979-743-3080 Phone

Records Request

Dear School Administrator,

(Student) _____ has enrolled into _____
grade at St. Rose of Lime Catholic School on (date) _____, giving your
school as the last one that he/she has attended. Please provide us with the following records:

1. Birth Certificate from the Bureau of Vital Statistics
2. Social Security Card
3. Official transcript of all grades
4. Immunization details and hearing/vision screenings
5. Current athletic physical forms
6. Standardized test scores
7. Withdrawal grades
8. Any other pertinent information

Submit records to: Mrs. Jeannie Mican, Administrative Assistant
Email j.mican@strosecardinals.org

Parent/Guardian Release

I hereby give: Name of School _____

Address _____

City, State, Zip _____

Permission to release the above records of (student): _____

Parent Signature: _____ Date: _____