



Sts. John and Paul School
280 Weaver Street
Larchmont, NY 10538
Telephone: 914 834 6332 fax: 914 834 8242

Release of Records

This is to authorize the personnel of _____ School to release all records (academic; transcript, current report cards, and health) to the Principal of Sts. John and Paul School, for the purpose of assisting my/our application for entry in September _____.

The child(ren) applying for admission are:

_____ Currently in grade _____ to enter grade _____
_____ Currently in grade _____ to enter grade _____
_____ Currently in grade _____ to enter grade _____
_____ Currently in grade _____ to enter grade _____

Parent's or Guardian's Signature

Date

Parent's or Guardian's Printed Name

Complete student records are required for acceptance to Sts. John and Paul School.