



*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 2015.

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.