



215 North John Street
Mascoutah, IL 62258
Telephone: 618-566-2922
Fax: 618-566-2720

Dear Principal,

Please send information regarding past achievement, standardized test results, health record, and any other pertinent information for:

Name

Grade

I grant permission to forward the student's records to the school above. I also grant permission to Holy Childhood School to contact and discuss any academic or behavioral issues pertaining to my child from the teachers and administration at

(Name of last school attended)

Parent Signature

Name of previous school administrator: _____

Your child's last teacher: _____

Last school attended: _____

Address: _____

City, State, Zip: _____

Phone: _____

Acceptance at Holy Childhood School is contingent upon academic record review and consultation with previous administration. Testing may be required.

Sincerely,

Claudia J. Dougherty, M.A., Ed.S.
Principal