



# Good Shepherd Catholic School

835 North Hills Avenue · Ardsley, PA 19038

Office of the Principal · shelen@gscregional.org · 215-886-4782

## REQUEST FOR STUDENT RECORDS

**Student's Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Grade** \_\_\_\_\_

(Circle one: Current or Entering)

**Requesting from** (Previous School Name and Address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above student has enrolled in Good Shepherd Catholic School for the 2020-2021 school year. Please send his/her records, including psychological reports, health records, and other such information that would be helpful in planning his/her educational program. Please send them to the address at the top of this page, to the attention of Sister Helen Thomas, IHM. Thank you!

### Parental Consent

I have enrolled my child, \_\_\_\_\_, in Good Shepherd Catholic School, and hereby authorize you to release his/her school records.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**