



# 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-named student is enrolled in Good Shepherd Catholic School for the 2021-2022 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. Thank you.

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

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

Parent Email \_\_\_\_\_

Preferred Phone # \_\_\_\_\_

*We are preparing our students for a faith-filled life of learning, leadership, and love for others.*