



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 2023-2024 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.