

REQUEST FOR TRANSFER OF SCHOOL RECORDS

TO THE PARENT: Please fill out the top section and return the entire form to the ICA Office (address below).

STUDENT NAME: _____

STUDENT HOME ADDRESS: _____

STUDENT D.O.B: _____ **GRADE:** _____

NAME and ADDRESS OF THE PREVIOUS SCHOOL ATTENDED:

**I authorize the release of my child's school records
to Immaculate Conception Academy.**

Date _____ Signature of Parent/Guardian _____

TO THE PRINCIPAL OR REGISTRAR: The student named above **has enrolled** at ICA.
We are requesting:

- 1) Complete, **original** health and immunization records
- 2) If applicable, an official Transcript with your school seal
- 3) A copy of the student's **final, year end, report card**

Please send these materials at your earliest convenience to:

**ICA OFFICE
Immaculate Conception Academy
903 Chestnut Street
Douglassville, PA 19518**

Thank you for your assistance.

Please contact the ICA office with any questions at (610) 404-8645

Office Use Only –

Date submitted by parent _____ Date Copy sent to school _____