



SAINT LOUIS COVENANT SCHOOL

Authorization for Release of Education Records

Parents: Please complete this top section and deliver directly to your child's current school.

Name of Student (Last, First, Middle): _____

Name of School Currently Attending: _____

Complete School Address: _____

Current Grade (2020-21 school year): _____

I hereby authorize and consent to the above-named school releasing my child's records and data directly to Saint Louis Covenant School.

Parent Signature: _____ Date: _____

Printed Name of Parent: _____

Dear School Administrator:

The student named above is applying for admission to Saint Louis Covenant School.
We would appreciate your prompt forwarding of the following to the address below:

- 1) Student's grades for the current completed term at your school
- 2) Complete record of all grades from your school, as well as other schools you received records from including health and discipline records
- 3) Your school's grading scale/marketing system
- 4) All Standardized Test Scores for achievement, ability and intelligence, FCAT, etc.
- 5) Copies of any psycho-educational evaluations and reports including, but not exclusive to, 504 Plan, IEP, SLP or SEP on file for this child
- 6) Student's date of birth and dates of entrance/withdrawal from your school
- 7) All health records, including immunization, speech, vision and hearing tests

This information should be mailed to:

**Mr. Edward Garcia, Principal
Saint Louis Covenant School
7270 SW 120 Street
Pinecrest, Florida 33156**

