Consent for Student Record Request

To: St. John the Baptist School Phone 413-583-8550

Today's Date: _____

Name: _____
(last first middle

Grade _____ Gender _____ DOB _____

Current School _____

The above named student has applied/enrolled at St. John the Baptist School. In order to complete our office and guidance records, it is necessary to have additional informaion. We would appreciate if you would please send the information listed below. Thank you in advance for your cooperation.

Requested Documents

- ☐ Student Schedule (most recent)
- ☐ Official transcripts / most recent report card(s)
- ☐ MCAS Scores
- ☐ Demographic Info
- ☐ Attendance Records
- ☐ Discipline Records
- ☐ Active Court Orders

Does the student have an IEP or 504 plan? (Please Check) ☐ Yes ☐ No

If YES is marked, please include all Special Education records, including IEP/504 and most recent evaluation along with the requested documentation above.

Please send the requested records to:

St. John the Baptist School, 217 Hubbard St., Ludlow, MA 01056

or email to sjboffice@sjbludlow.org



Please send all current health & immunization records to: **nurse@sjbludlow.org**

I authorize the release of the above requested information to St. John the Baptist School.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date of Withdrawal from Current School: _____