

IMMACULATE CONCEPTION SCHOOL
290 West Babbitt Avenue † Pen Argyl, PA 18072
(610) 863-4816

RECORDS TRANSFER REQUEST

Student's Name _____ Birth Date ____/____/____

Current Grade _____

Name and Address of Previous School:

I give my consent to release to Immaculate Conception School all Academic, Medical, and Psychological Records for my child.

Parent's Name (print)

Parent's signature

Date ____/____/____