

**Health & Records Request**

Student's Former School:

School Address:

Student's Full Name:

The above named student plans to enter St. John the Baptist Catholic School in the next 30 days.

Please forward all school records pertaining to this student as soon as possible. Records should include academic records, health and dental records including information, IEP's, educational psychological/psychiatric reports, discipline records and any other available school records.

\_\_\_\_\_  
Signature of Receiving School Official

\_\_\_\_\_  
Title and Date

For disciplinary records, please check the appropriate box:

Certified disciplinary record enclosed

Student has no disciplinary record

I acknowledge that the enclosed information is current and accurate.

\_\_\_\_\_  
Signature of Sending School Official

\_\_\_\_\_  
Title and Date

The above information will be utilized so that appropriate decisions are made regarding admission and placement of this student. Include this form with your mailing to St. John the Baptist Catholic School.

Please email or mail this information to:

St. John the Baptist Catholic School

Attn: Patty Mazziott

315 N. Constitution Ave.

New Freedom, PA 17349

[pmazziott@sjbnf.org](mailto:pmazziott@sjbnf.org)

Thank you for this information and your cooperation. If you have any questions, please email or call me at 717-235-3525 x211.

Sincerely,



Michelle Williams

Principal