



315 N. Constitution Ave, New Freedom, PA 17349 • 717.235.3525 • stjnschool.org

Health & Records Request

Student's Former School: _____

School Address: _____

Student's Full Name: _____

Former School Email to send request: _____

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.

Parent Name

Parent Signature

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: School Secretary
315 N. Constitution Ave.
New Freedom, PA 17349
info@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,

Mrs. Michelle Williams

Michelle Williams

Principal