



Blessed Teresa of Calcutta Education Center



REQUEST FOR SCHOOL AND HEALTH RECORDS

The child named below has enrolled in Blessed Teresa of Calcutta Education Center

Student's Name: _____ Grade: _____

Date of Enrollment: _____

Former School: _____

Address: _____

Date of Withdrawal: _____

Please forward the following records to the school listed below:

- ACADEMIC RECORDS _____
- HEALTH & DENTAL RECORDS _____
- DISCIPLINARY RECORDS _____
- PSYCHOLOGICAL TESTING RECORDS _____
- ALL OTHER AVAILABLE SCHOOL RECORDS _____

AUTHORIZING SIGNATURE: _____

DATE: _____

Please forward records to: Blessed Teresa of Calcutta Education Center
256 Swamp Pike
Schwenksville, PA 19473

Records requested on: _____ Registrar: _____

Records received on: _____

