

SAINT DENIS SCHOOL
300 E. EAGLE ROAD
HAVERTOWN, PA 19083

I authorize _____ School

Located at _____

Phone # _____

to release both medical and academic records for:

_____ entering _____
(Student Name) *(grade)*

_____ entering _____
(Student Name) *(grade)*

to: Saint Denis School
300 E. Eagle Road
Havertown, PA 19083
610-446-4608

Parent Signature _____

Date _____