



Holy Trinity Catholic School

A Ministry of Our Lady Star of the Sea Parish

RECORD REQUEST FORM

(If a student is transferring from another school)

Date: _____

Student Name: _____

The above named student has enrolled in our school. Please forward his/her records (Transcript of grades, standardized testing results, health forms, attendance records, etc.) as soon as possible.

Thank you.

Sincerely,

Mrs. Karen Luzzo
Principal

To: _____
(Name of School)

Address: _____

I hereby authorize the above named school to forward my child's records.

Parent Signature: _____