Saint Jerome Regional School
50 Meadow Avenue
Tamaqua, PA 18252

REQUEST FOR RECORDS

Dear _____,

The following child/children have applied for enrollment to St. Jerome Regional School for the _____/_____ school year. **We require a review of all records before acceptance** and are requesting for the following student(s):

_____ Grade:_____

_____ Grade:_____

_____ Grade:_____

We respectfully request that you send the following records at your earliest convenience via fax:

- Student Cumulative Record Card
- Psychological Evaluations
- Health/Dental/Immunization Records
- Diagnostic Testing Results
- Discipline Records/Other Relevant Data

Thank you for your attention to this request.

Sincerely,

Amy Hannis-Miskar

Amy M. Hannis-Miskar, Principal

I, _____, hereby authorize the release of the above checked information concerning my child/children to St. Jerome Regional School.