



Request for Release of Records or Transcripts Entering Grades K through 8th

Part I: Instructions to the Parent or Guardian - *Please complete the section directly below and send to your child's current school and request they return the required documentation to the Admissions Office at SPC Regional Catholic School.*

Student's Full Legal Name _____ Current Grade _____

Applicants Current School (*please print*) _____

Current School Address _____

School Phone No. _____

I authorize the above named school to release my child's complete records and evaluative data to St. Peter Claver Regional Catholic School.

Parent Signature _____ Date _____

Part II: The Admissions Committee of St. Peter Claver Regional Catholic School appreciates your assistance. Please send a complete academic transcript and the following documents:

Encl. N/A

- ___ ___ Report cards from all schools student has attended
- ___ ___ Results of all standardized tests
- ___ ___ Health records and immunization forms
- ___ ___ Disciplinary records from all schools student attended
- ___ ___ Teacher Evaluation
- ___ ___ Psychological testing records and reports (*if applicable*)

If the student left before the close of the grading period, then please list the subjects he/she was taking and the grades for that grading period to the date of the withdrawal.

Please mail completed transcripts to: Admissions Department
St. Peter Claver Regional Catholic School
2560 Tilson Road
Decatur, GA 30032
Admissions@spc-school.org