



St. Ignatius Catholic School
220 Doty Street
Kaukauna, WI 54130
office@stignatiuskaukauna.org

PERMISSION TO **OBTA**IN PUPIL PROGRESS & HEALTH RECORDS

I, _____, authorize St. Ignatius Catholic School to **obtain** the
(Parent/Guardian Name)

progress & health records of _____.
(Student Name)

This student will transfer to: **St. Ignatius Catholic School**
220 Doty Street
Kaukauna, WI 54130
(920)-766-0186

Effective: _____

This student's records are to be obtained from: _____ (School)
_____ (Address)
_____ (City, State, Zip)
_____ (Telephone No.)

OR

The records are needed for the purpose as follows:

Specific Records

- Progress Records Grades, course and academic work completed, attendance, record of student activities.
- Behavioral Records Group standardized test results, psychological reports, multidisciplinary team evaluations and recommendations, attendance and behavioral records, observations, and any other records which are not specifically related to progress or identifying data.
- Identifying Data Student's name, address, names and addresses of custodial and non-custodial parents, telephone listings, date and place of birth, previous schools attended.
- Pupil Health Records Basic health information, including immunization records or waivers, an emergency medical card, and the results of standard screening of vision, hearing and scoliosis.

Indicate any specific records to be excluded on line below:

I am legally responsible for named child and have authority to make this request.

Date

Custodial Parent/Guardian Signature