



SAINT LOUIS  
COVENANT SCHOOL

**Authorization for Release of Education Records**

***Parents: Please complete this top section and deliver directly to your child's current school.***

Name of Student (Last, First, Middle): \_\_\_\_\_

Name of School Currently Attending: \_\_\_\_\_

Complete School Address: \_\_\_\_\_

Current Grade (2021-22 school year): \_\_\_\_\_

*I hereby authorize and consent to the above-named school releasing my child's records and data directly to Saint Louis Covenant School.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent: \_\_\_\_\_

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Dear School Administrator:

The student named above is applying for admission to Saint Louis Covenant School. We would appreciate your prompt forwarding of the following to the address below:

- 1) Student's grades for the current completed term at your school
- 2) Complete record of all grades from your school, as well as other schools you received records from including health and discipline records
- 3) Your school's grading scale/marketing system
- 4) All Standardized Test Scores for achievement, ability and intelligence, FCAT, etc.
- 5) Copies of any psycho-educational evaluations and reports including, but not exclusive to, 504 Plan, IEP, SLP or SEP on file for this child
- 6) Student's date of birth and dates of entrance/withdrawal from your school
- 7) All health records, including immunization, speech, vision and hearing tests

**This information should be mailed to:**

**Mr. Edward Garcia, Principal**

**Saint Louis Covenant School**

**7270 SW 120 Street**

**Pinecrest, Florida 33156**

