



## St. Ignatius Catholic School Permission to Obtain Pupil Progress and Health Records

I, \_\_\_\_\_ (parent/guardian name), authorize St. Ignatius Catholic School to **obtain** the progress & health records of \_\_\_\_\_ (student name).

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

Effective: \_\_\_\_\_

**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 results of standard screening of vision, hearing, and scoliosis

Indicate any specific records to be excluded on the line below:

\_\_\_\_\_  
-

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

\_\_\_\_\_  
Custodial Parent/Guardian Signature

\_\_\_\_\_  
Date



St. Ignatius Catholic School  
*Thinkers. Leaders. Disciples.*



Rev. 08/2022