



Saint Andrew Catholic School

9990 NW 29th Street
Coral Springs, FL 33065

Phone (954)753-1280

Fax (954) 753-1933

Msgr. Michael Souckar, Pastor

Kristen B. Hughes, Principal

REQUEST FOR TRANSFER OF PERMANENT RECORDS

Name of Last School Attended _____

School Address: _____

City, State, Zip code: _____

Student Name _____

Date of Birth _____

Grade at school last attended _____

I HEREBY AUTHORIZE SAINT ANDREW CATHOLIC SCHOOL TO MAKE INQUIRIES AND TO OBTAIN MY CHILD'S ACADEMIC/ DISCIPLINARY/ ATTENDANCE/ HEALTH RECORDS FROM ANY SCHOOL IN WHICH MY CHILD HAS ATTENDED.

PARENT SIGNATURE

DATE