



*St. Mary School
1416 Main Street
Mt. Vernon, IL 62864*

Date _____

Dear Principal:

The following student (s) have enrolled in our school.

<u>Student's Name</u>	<u>Grade</u>	<u>Date Enrolled</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please send us cumulative records, such as health records, grades, and any other pertinent information.

Sincerely,

Principal

I hereby authorize the _____
To release school records of the above names student (s) to St. Mary School.

Signature

Relationship

*Phone: 618-242-5353
Fax: 618-242-5365
Email: stmary@mvn.net
Website: saintmary.mvn.net*