

Holy Name Parish School

535 West Roxbury Parkway, West Roxbury, MA 02132

617-325-9338 FAX: 617-325-7885

www.holynameparish.com

Transfer of records for Students (Grades 1-6) Entering Holy Name Parish School

It is imperative that we have the complete academic and health records for your child. Please contact your child's former school so that these records will be mailed to us immediately. Thank you for your cooperation.

Name of student Present Grade Date of Birth

Present address: _____
Street Address City/State Zip Code

Present phone # Cell Phone #

New address: _____
Street Address City/State Zip Code

New phone #

I give my permission to release all school records, including teachers' reports, all achievement and aptitude test scores, all testing results and evaluations, (including Individual Education Plans), and any other pertinent information to:

Holy Name Parish School
Admissions Office
535 West Roxbury Parkway
West Roxbury, MA 02132

(Child's name) Grade/Room

Former School: _____

Address _____

City/State/Zip _____

Parent/Guardian Signature _____ Date: _____