



ST. MICHAEL CATHOLIC SCHOOL
542 CYPRESS AVENUE
GARDEN CITY, SC 29576

Phone: (843) 651-6795 • Fax: (843) 651-6803

Website: www.saintmichaelsc.org

Date: _____

Re: _____

Name of Student (s)

The above named student(s) has/have enrolled in our school. Please forward his/her records, including health records, social security number, birth certificate, immunization records, IEP, psychological test results, special education placement papers, and any other pertinent information to us as soon as possible.

Sincerely,

Mrs. Miriam Jones
Principal

To: _____ (Name of school child is transferring from)

Address: _____

I hereby authorize the above named school to forward the records requested.

Signed: _____
(Parent, legal guardian, student of legal age)