The Charleston Catholic School
888-A King Street
Charleston, South Carolina 29403
(843) 577-4495 (phone)
charlestoncatholic@charlestoncatholic.org (email)

REQUEST FOR SCHOOL RECORDS

To be completed by the parent/guardian and given to the school at the time of registration.

_____is an applicant to The Charleston Catholic School.
(Name of Student)

I hereby authorize and request

_____
(Name of School)

_____
(Address of Current School)

_____ _____
(Phone number of Current School) (Current School fax number)

to forward the following directly to The Charleston Catholic School:

1. Complete transcript of grades, including the most recent quarter.
2. Discipline records
3. Any psychological evaluations
4. Any documentation related to medical, cognitive, behavioral, special needs etc.
5. Any results of standardized testing
6. Record of immunization
7. Birth certificate

_____ _____
Parent/Guardian Signature Date