



**The Charleston Catholic School  
888-A King Street  
Charleston, South Carolina 29403**

***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)

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 results of standardized testing
5. Record of immunization
6. Birth certificate

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date