

$Holy\ Family\ School-\ Learning\ for\ today,\ preparing\ for\ tomorrow.$

REQUEST FOR SCHOOL RECORDS

Parent/Guardian of the Student:

The upper portion of this	form is to be co	ompleted b	y the parent/gu	ardian of the applicant.	
Name of Student		· · · · · · · · · · · · · · · · · · ·			
Present Grade School now attending/last attended					
School Address	City	State	Zip	Fax Number	
I hereby give permission School, as my signature a			above to give i	information to Holy Family	
Parent/Guardian Signature		Date			
Office of Registrar/Adm	<u>iissions</u>				
his/her most recent enroll appreciate you please sen	ment), has appl ding us copies	lied for ada	nission to Holy ective student's	l (or your school represents Family School. We would report cards, standardized ich will help us determine	
Please send and return thi	s form along w	rith the ma	terials we have	requested. Thank you.	
Holy Family School Administrative Secre		retary	Date		
Phone: (360 491-7060	Fax: (360) 456	-3725	Email: admissi	ions@holyfamilylacey.com	
Mailing Address: Holy I	Family School,	P.O. Box 3	3700, Lacey, W.	A 98509	