

ST. MICHAEL CATHOLIC SCHOOL
11311 Hubbard
Livonia, Michigan 48150
734-421-7360

REQUEST FOR STUDENT RECORDS

STUDENT'S NAME: _____

CURRENT GRADE: _____

The above named student has applied for admission at St. Michael Catholic School. Please forward all student academic and health records to:

**St. Michael Catholic School
11311 Hubbard
Livonia, MI 48150**

HAVE ALL FINANCIAL OBLIGATIONS BEEN FULFILLED? Y N

Please include the following:

Academic Transcripts	Educational Evaluations
Testing Records	Psychological Evaluations
Current Year Grades to Date	I.E.P.
Physical Examination	Sociological Records
Immunization Records	Medical Records
Disciplinary Records	Speech and Language Evaluations
	Special Class Placement
	Information

Authorized Signature of Parent/Guardian

Date

Name and address of former school:
