



## Saint Andrew Catholic School

9990 NW 29<sup>th</sup> Street  
Coral Springs, FL 33065

Phone (954)753-1280

Fax (954) 753-1933

Msgr. Michael Souckar, Pastor

Kristen B. Hughes, Principal

### REQUEST FOR TRANSFER OF PERMANENT RECORDS

Name of Last School Attended \_\_\_\_\_

School Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade at school last attended \_\_\_\_\_

**I HEREBY AUTHORIZE SAINT ANDREW CATHOLIC SCHOOL TO MAKE INQUIRIES AND TO OBTAIN MY CHILD'S ACADEMIC/ DISCIPLINARY/ ATTENDANCE/ HEALTH RECORDS FROM ANY SCHOOL IN WHICH MY CHILD HAS ATTENDED.**

\_\_\_\_\_  
**PARENT SIGNATURE**

\_\_\_\_\_  
**DATE**