

Mount Calvary Lutheran School

Records Request

Parental Authorization to Release Information

As the parent or guardian of _____ Grade _____

_____ Grade _____

I have submitted an application for enrollment for my child(ren) at Mount Calvary Lutheran School. I hereby grant permission for the following school or school district to release information to Mount Calvary Lutheran School:

School District of _____

Name of School _____

Street Address _____

City, State, and Zip _____

Please send requested records via mail or email to:

Mount Calvary Lutheran School

Attn: Principal Brad Gurgel

1941 Madison St.

Waukesha, WI 53188

-or- school@mountcalvarywaukesha.org

The following information is requested:

1. Records of Academic Performance
2. Student Behavioral Records
3. Student-Specific Education Plans
4. Attendance
5. Standardized Testing Results
6. Health and Immunization Records
7. Psychological Evaluation Reports
8. Guidance Information
9. Other: _____

Parent Signature _____

Date _____