

1350 Court Street
Clearwater, Florida 33756
phone (727) 461-1200 • fax (727) 446-9140
admissions (727) 461-1207
e-mail: scsoffice@st-cecelia.org
website: www.st-cecelia.org

## STUDENT RECORD RELEASE PERMIT RETURN THIS COMPLETED FORM WITH YOUR APPLICATION

tudent's Name		Grade 2014/2015	Date of Birth	
Parent or Guardian Name			VALUE	
Address		City	State	Zip
Phone#		_		
Name of Current School				
Address		_City	State	Zip
School Phone	School fax#	School ema	il address	
PLEASE FAX, EMAIL OR M	AIL ALL RECORDS	INCLUDING THE FOLLOW	VING:	
1. Up-to-date transcript	(report cards, stand	ardized test scores, dates of	entry/withdraw	al, grading scale)
2. Any psych/social work	k reports; special test	ting reports including ADAl	PT, IEP's specia	ıl placement
information, or other	pertinent data.			
3. Teacher and Adminis	trator recommendati	on forms (attached).		
MAIL/FAX OR EMAIL TO:	St. Cecelia Interpa			
		Department/Robin Lenhard	t	
	1350 Court Street Clearwater, FL 337	756		

SIGNATURE OF PARENT/GUARDIAN authorizing release of records

Admission Office: 727/461-1207

Email rlenhardt@st-cecelia.org

Fax# 727/446-9140

Please Note: St. Cecelia Catholic School will notify the last school of attendance to clarify all financial obligations has been met.