



Saint Thomas the Apostle School

42 Adams Place • Delmar, New York 12054 • 518.439.5573
www.stthomas-school.org • email: office@stthomas-school.org

Thomas J. Kane, Principal
tkane@stthomas-school.org

TO: _____

RE: TRANSCRIPT RELEASE

DATE: _____

STUDENT'S NAME DATE OF BIRTH

Has applied to our school. Would you please forward:

- A copy of the scholastic record including ongoing grades from the last marking period
- Standardized testing data to include New York State tests, if applicable
- Health and immunization records
- Psychological (CONFIDENTIAL)
- Individual Education Program and/or 504 Plan (CONFIDENTIAL), if applicable

Thank you in advance for your cooperation.

Sincerely,

Thomas J. Kane
Principal

In compliance with New York State law, I hereby give permission to Saint Thomas the Apostle School to obtain/send cumulative records for transfer and registration purposes.

PARENT SIGNATURE DATE

ADDRESS CITY STATE ZIP

