

REQUEST TO RELEASE SCHOOL RECORDS TO NOTRE DAME ACADEMY 1699 HILTON DRIVE, PARK HILLS, KY 41011-2796 (859)292-1829

Student Name:				
Last		First	Middle	
Birthdate:				
PreviousSchoolAttended:				
School Address:				
City	State		Zip Code	
My daughter is presently enrolling including:	ng at Notre Dame Acad	lemy. Please re	elease her complete	e school records
 Transcript with offici Attendance and disci Medical records and i Standardized Test Sco 	pline records immunization certificat	_	the time of withdr	awal
5) Special Education due process records6) If the prior school charges tuition, please provide a statement verifying that this student has no outstanding balance due for any tuition or fees.				
Please read and sign the following	ng statement:			
It is agreed that admissions personne student's prior school's personne		cademy have p	ermission to conta	ct and speak to this
	Par	rent/Guardian s	ignature	Date

Please send the requested records to Katie Caccavari, Notre Dame Academy Admissions Office, 1699 Hilton Drive, Park Hills, KY 41011-2796/caccavarik@ndapandas.org. Thank you.