



THE KAUKAUNA CATHOLIC SCHOOL SYSTEM
KAUKAUNA, WI 54130
www.kcssonline.org

PERMISSION TO **OBTAIN** PUPIL PROGRESS & HEALTH RECORDS

I, _____, authorize Holy Cross Campus of the Kaukauna Catholic
(Parent's Name)
School System to **obtain** the progress & health records of _____.
(Student's Name)

This student will transfer to: Holy Cross Campus of the Kaukauna Catholic School System (school)
220 Doty Street (address)
Kaukauna, WI 54130 (city, state, zip)
(920) 766-0186 (telephone no.)
effective _____ (date.)

This student's records are to be obtained from: _____ (school)

(address)

(city, state, zip)

(telephone #)

OR

The records are needed for the purpose as follows:

Specific Records

- X Progress Records Grades, course and academic work completed, attendance, record of student activities.
- X Behavioral Records Group standardized test results, psychological reports, multidisciplinary team evaluations and recommendations, attendance and behavioral records, observations, and any other records which are not specifically related to progress or identifying data.
- X Identifying Data Student's name, address, names and addresses of custodial and non-custodial parents, telephone listings, date and place of birth, previous schools attended.
- X Pupil Health Records Basic health information, including immunization records or waivers, an emergency medical card, and the results of standard screening of vision, hearing and scoliosis.

Indicate any specific records to be excluded on line below:

I am legally responsible for named child and have authority to make this request.

Date

Custodial Parent/Guardian Signature