



THE KAUKAUNA CATHOLIC SCHOOL SYSTEM

KAUKAUNA, WI 54130

ST. ALOYSIUS SCHOOL
2401 S. Main Avenue
Kaukauna, WI 54130
920-766-5199

HOLY CROSS SCHOOL
220 Doty Street
Kaukauna, WI 54130
920-766-0186

PERMISSION TO RELEASE/OBTAIN PUPIL PROGRESS & HEALTH RECORDS

I, _____, authorize Holy Cross School to
obtain / release the progress & health records of _____.

This student will transfer to _____ (school)
_____ (address)
_____ (city, state, zip)
_____ (telephone #)

effective _____ (date.)

Or

The records are needed for the purpose as follows:

Specific Records

_____ Progress Records Grades, course and academic work completed, attendance, record
of student activities.

_____ 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.

_____ 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.

_____ Pupil Health Records Basic health information, including immunization records or
waiver, an emergency medical card, and the results of standard screening of vision, hearing and
scoliosis.

Indicate any specific records to be excluded on the line below:

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

Date

Custodial Parent/Guardian Signature