

Student Information Release Form

Elementary Schools

Dear Parent/Guardian,

We are requesting that you fill out this form, giving us permission to discuss academic and behavioral information with your child's past school. This will allow us to determine any plan of action necessary to assist with your child's development.

Student's Name	G	rade	
Current School			
School Location			
Classroom Teacher			
School Counselor			
Principal			
Check if your child has any of the follow	wing information on file:		
ISP/IEP	Discipline PlanTru	uancy issues	
My child does not	have any of the above.		
I attest that the above information is c to release any requested information r	* * * * * * * * * * * * * * * * * * * *	•	
Print Parent/Guardian's Name			
Parent/Guardian's Signature		Date	
Immaculate Conception Elementary School Principal: Kayla Bahnub kbahnub@RegisCatholicSchools.com Phone: (715) 830-2276 Fax: (715) 830-9846	Principal: Carisa Smiskey csmiskey@RegisCatholicSchools.com	Principal: Jackie Lutz	
Office Use Only: Yes to En	rollNo to Enroll		
Principal's Signature		Date	