



Regis Catholic Schools
Central Office
2728 Mall Drive, Suite 200
Eau Claire, WI 54701

REQUEST FOR STUDENT RECORDS

The following student has enrolled at Regis Catholic Schools:

Student: _____ Date of Birth: _____

Former School: _____

City/State: _____ Fax: _____

Release Statement: I hereby give permission to a representative of my child's current school to release any requested academic (grades and test scores) and behavioral information to the officials at Regis Catholic Schools.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

Please forward the following records to the school identified below:

Current Transcript (unofficial is acceptable)
Quarter Grades (if not included in transcript)
Health Records
Testing and Attendance Records
ISP/IEP (if applicable)

St. James Elementary School
Attn: Administrative Assistant
2502 Eleventh Street
Eau Claire, WI 54703
Phone: (715) 830-2277
Fax: (715) 858-3478

Regis Middle School
Attn: Administrative Assistant
2100 Fenwick Avenue
Eau Claire, WI 54701
Phone: (715) 830-2272
Fax: (715) 830-5461

Immaculate Conception Elementary School
Attn: Administrative Assistant
1703 Sherwin Avenue
Eau Claire, WI 54701
Phone: (715) 830-2276
Fax: (715) 830-9846

Regis High School
Attn: Administrative Assistant
2100 Fenwick Avenue
Eau Claire, WI 54701
Phone: (715) 830-2271
Fax: (715) 830-5461

St. Mary's Elementary School
Attn: Administrative Assistant
1828 Lynn Avenue
Altoona, WI 54720
Phone: (715) 830-2278
Fax: (715) 838-9573

List Titles of Classes Failed (if any):

Extenuating Circumstances:

Expulsion Yes _____ No _____

If yes, please explain:

Suspension Yes _____ No _____

If yes, please explain:

Disciplinary Probation Yes _____ No _____

If yes, please explain:

Recommendation: Please make a general comment regarding the academic and personal qualities of the applicant that could assist us in our admissions review process.

Recommend _____

Recommend with reservations (please explain)

Do not recommend (please explain)

For Office Use Only:

Date Request Sent: _____ Date Records Received: _____

Admissions Decision: Approved _____ Denied _____

Administrative Assistant's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____