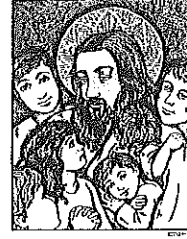


CONN|AREA
CATHOLIC SCHOOL
Centered In Christ
 "A Pennsylvania Charitable Trust"



PARENTAL PERMISSION TO REQUEST AND/OR RELEASE SCHOOL RECORDS

Name of Student: _____
 Student Date of Birth: _____
 Current School Attending: _____

I hereby authorize Conn-Area Catholic School to request and/or release records relative to my children's previous educational experiences. The specific records which I am requesting should be released and/or forwarded to the address below:

Parent: Please leave address section below blank.
 This section will be filled out by our staff. <or enter your school address with principal's name here>

 (School, Agency, Individual)

 (Street Address)

 (City, State, Zip)

Parent/Guardian please sign and date below:

 (Signature of Parent/Guardian) (Date)

RECORDS REQUESTED:

- _____ Attendance Data
- _____ Report Cards (Past and Current)
- _____ Group Aptitude and Achievement Testing
- _____ Health, Medical and Dental Records
- _____ Personal History
- _____ Psychological Reports
- _____ Psychiatric Evaluations
- _____ Special Education Due Process Papers and IEP
- _____ Speech and Language Evaluations
- _____ Instructional Support Plans and Summaries
- _____ Others: (Specific reports, e.g., Occupational and Physical Therapists, Neurological Evaluations, etc. known by parents to be available) Please list

Conn-Area Catholic School
613 East Crawford Avenue
Connellsville, PA 15425
Phone: 724-628-5090 FAX: 724-628-1745

CERTIFIED STUDENT DISCIPLINARY RECORD

In accordance with reporting requirements of ACT 26 of 1995:

_____ was a student in the _____
Student Name School District

From: _____ To: _____
Date Date

- Has not been suspended.
- Has been suspended for the following reasons:
 - Weapons
 - Alcohol
 - Drugs
 - Violence to person(s)
 - Violence to property
- Has not been expelled.
- Has been expelled for the following reasons:
 - Weapons
 - Alcohol
 - Drugs
 - Violence to person(s)
 - Violence to property

COMMENTS: _____

Principal's Signature: _____