ST MARY SCHOOL - 16 SUMMER STREET - SHREWSBURY MA 01545 (508) 842-1601

In order to process your child's application to St. Mary School, we request that parents and teachers complete the form below and return it to our school office **within 2 weeks.**

RELEASE OF INFORMATION REQUEST

TO: _____
(Your child's current school)

_____
(Street Address)

_____
(City, State and Zip)

An application for _____ has been submitted to
(Print child's name)

St. Mary School for **Grade ____ for the 2008/2009 school year**.

Please send copies of any information pertinent to my child/ward, which would enable proper placement in the upcoming school year.

_____
Signature of Parent or Guardian **Date**

To be completed by the student's current teacher

I, _____, am presently teaching _____.
(Print teacher's name) **(Print student's name)**

I verify / DO NOT verify (***circle one***) his/her readiness for a self-contained classroom in the _____ Grade for the 2008/2009 school year.

☐ I request that St. Mary School contact me to discuss some of my concerns.

_____
Signature of Teacher **Date** **Telephone #**

this is not a request for the transfer of records. It is merely an inquiry.

PLEASE COMPLETE THIS FORM FOR **ALL GRADES** AND MAIL TO ST. MARY SCHOOL WITHIN TWO WEEKS OF APPLICATION. THANK YOU