

# ST. JOSEPH SCHOOL

39 Gebhardt Rd.  
Penfield, New York 14526

TELEPHONE: (585) 586-6968 FAX: (585) 586-4619

## NEW REGISTRANT RELEASE OF INFORMATION

DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My son/daughter, \_\_\_\_\_, has enrolled  
name of student

at St. Joseph School in \_\_\_\_\_ grade as of \_\_\_\_\_  
date of entrance

I ask that you forward the following records:

- \_\_\_\_\_ SCHOLASTIC
- \_\_\_\_\_ TESTING
- \_\_\_\_\_ HEALTH
- \_\_\_\_\_ PSYCHOLOGICAL

To: Mr. Hugh Hogle, IV, Principal  
St. Joseph School  
39 Gebhardt Road  
Penfield, New York 14526

I grant permission for the release of \_\_\_\_\_'s records.

\_\_\_\_\_ Date: \_\_\_\_\_  
parent/guardian signature