

St. Vincent Elementary School 1007 West St. Joseph Street Perryville, MO 63775 573-547-6503

Date_____

To Whom It May Concern:

The following student(s) has enrolled at St. Vincent de Paul Catholic Elementary School. Please mail a current copy of their cumulative records, health records, test results, and other pertinent information from their records.

		Grade
		Grade
		Grade
		Grade
Thank you for your	r cooperation.	
		Respectfully requested,
		Dr. Ben Johnson Elementary Administrator
	n, I give permission for t tholic Elementary Schoo	the records of the above child or children to be forwarded to St. ol.
Parent/Guardian Signature		Date
Please mail to:	St. Vincent de Paul (1007 West St. Josep)	Catholic Elementary School h Street

Perryville, MO 63775