



# HOLY FAMILY REGIONAL CATHOLIC SCHOOL

2477 Trenton Road  
Levittown, PA 19056

## Request for Records

Student's information:	
Name: _____	DOB: _____ Entering Grade _____
Address: _____	
City: _____	State: _____ Zip: _____
Phone: _____	
School transferring from : _____	
City: _____	State: _____ Zip: _____
Phone: _____	Fax: _____

**The above student is now enrolled in our school. Please send the student's educational and health records, results of standardized testing, scholastic grades, attendance records, discipline records and any other appropriate data.**

**Please include psychological, psychiatric records, I.E.P. or other records relative to special education classification, if possible.**

**Return to: Holy Family Regional Catholic School  
Records Office  
2477 Trenton Road  
Levittown, PA 19056  
Or Fax: 215-945-0413**

**I approve of this request. Pursuant to the provisions of P.L. 93-380 (Family Educational Rights and Privacy Act of 1974) please comply with the above request for school records. You are advised that in dealing with these records, they will not be disclosed to any other party without prior written consent of the parent/guardian of the student or the eligible student.**

\_\_\_\_\_  
Signature of Parent or Guardian Date

2477 Trenton Road, Levittown, PA 19030  
Phone: 215-269-9600 fax: 215-269-9609