

Fort McMurray Catholic Board of Education

Request for Student's Records

To: Principal of last school attended by students:

Name of School: _____

Address: _____ City: _____ Province: _____

Postal Code: _____

Phone #: _____ Fax #: _____

The following students have enrolled in the following Fort McMurray School:

Name of School: _____

Name of Students (in full)	Birth date DD/MM/YYYY	Grade as of September

Please forward the permanent and confidential records to:

Name of Fort McMurray School: _____

Address: _____ City: _____ Province: _____

Postal Code: _____

Phone #: _____ Fax #: _____

Name of Parent/ Guardian

Signature

Date:
