

SAINT CATHERINE OF GENOA SCHOOL

192 SUMMER STREET
SOMERVILLE, MA 02143

Release of Records

Name of Previous School: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

FAX Number: _____

Name of Student _____

Current Grade _____

**I request that my child's records be sent to Saint Catherine of Genoa School.
Records to be released should include the following:**

- Health Record
- Special Education
- Academic
- Discipline

Please forward the above student's records to:

**Miss Marian Burns, Principal
Saint Catherine of Genoa School
192 Summer Street
Somerville, MA 02143**

Parent Signature: _____ Date: _____