



All Saints School

Request for Student Records

(For Students Entering Grades 1-8)

DATE _____

ATTENTION: **REGISTRAR**

SCHOOL NAME _____

SCHOOL ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ FAX _____

Please send us the following information regarding the currently enrolled All Saints School student(s) listed below.

- | | |
|---|----------------------------|
| 1. Academic Records | 4. Behavior Records |
| 2. Specialized Instructional Records | 5. Health Records |
| 3. Psychological Reports | |

STUDENT NAME	INCOMING GRADE	STUDENT NAME	INCOMING GRADE
1) _____	_____	3) _____	_____
2) _____	_____	4) _____	_____

PARENT/GUARDIAN NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

Please send all records to:

Registrar	Phone: (503) 236-6205
ALL SAINTS SCHOOL	Fax: (503) 236-0781
601 NE Cesar E Chavez Blvd.	Email: office@allsaintsportland.com
Portland, OR 97232	