



Student Name: Last First Middle Nickname
Entering Grade:

Religious Affiliation
Baptism Date Baptism Church/Location Baptism Certificate Included Yes / No
First Communion Date First Communion Church/Location
Confirmation Date Confirmation Church/Location

Special Health Conditions:
Family Physician: Phone #
Special Services Received: Speech Special Education
Last School Attended: Dates from: to: Grade(s):
Address: City: State: Zip:
Telephone Number Fax Number

Please select the appropriate statement regarding your child's transportation to and from school.
To School (a.m.) From School (p.m.)
We live within the Unit 40 School District and our child/ren will:
Walk
Take the bus, we live less than 2 miles from school
Take the bus, we live more than 2 miles from school
Family transportation
We live outside the Unit 40 School District and provide our own transportation

REQUIRED

SIGNATURE OF PARENT / LEGAL GUARDIAN Date

SIGNATURE OF PARENT / LEGAL GUARDIAN Date

NOT ACCEPTED WITHOUT PARENT / LEGAL GUARDIAN SIGNATURE



405 N Second Street Effingham, IL 62401
Ph. 217-347-0419 Fax 217-347-2749

STUDENT RECORD RELEASE FORM

Send Records to:

School: St. Anthony Grade School

Street Address: 405 N Second Street

City/State/Zip: Effingham, IL 62401

Telephone: 217-347-0419 Fax: 217-347-2749

Date: _____

Name of Previous School: _____

Address: _____

City: _____ State _____ Zip _____

Phone _____ Fax _____

Student(s):

_____ Grade _____

_____ Grade _____

_____ Grade _____

_____ Grade _____

Please send all applicable records:

- Transcripts of grades or copies of grade reports
- Any standardized test results
- Immunization and health records
- Incidents of discipline infractions, ratings and observations of the student
- All pertinent special education reports: Psychologicals, Social Developmental Studies, Individualized Education Plans, Staffing Reports, Speech Reports
- Detailed attendance report

Authorized by: _____
Parent/Guardian Signature

Address: _____

City/State/Zip: _____