

School Name (the school child is transferring from): _____

School Street Address: _____

School City, Town & Zip: _____

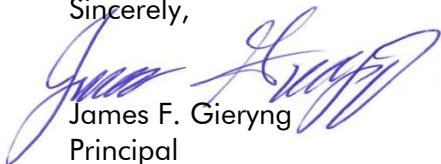
Dear Principal:

_____ has enrolled in Grade _____ at
St. James School for the academic year _____. Will you please send the
following:

- Transcript of grades
- Health record
- Standard health test
- Confidential records

Thank you for your prompt response to this request.

Sincerely,


James F. Gieryng
Principal

I hereby give permission for information concerning my child _____
to be released to St. James School.

Signature of Parent/Legal Guardian

Date

(Please sign and return with completed registration information. St. James will forward to child's current school.)