

## CUMULATIVE RECORD RELEASE FORM

**SALEM LUTHERAN SCHOOL  
5190 PARKER ROAD  
FLORISSANT, MISSOURI 63033  
(314) 741-8220**

***TO BE COMPLETED BY PARENTS ENROLLING STUDENT(S) WHO HAVE ATTENDED ANOTHER SCHOOL DURING THE PREVIOUS SCHOOL YEAR.*** (NO Transfer Students will be allowed to attend until Cumulative Records are received from the previous school attended.)

*I, the undersigned PARENT/GUARDIAN, of*

Student's Name

Student's Name

Student's Name

*hereby give permission to the school official at*

Name of Last School Attended

Street Address

*to mail all educational, psychological, social, and medical cumulative information to:*

**SALEM LUTHERAN SCHOOL  
5190 Parker Road  
Florissant, MO 63033**

Signature of Parent/Guardian

**Street Address**

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Date

Revised 2/7/11