

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

City

State

Zip

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

City

State

Zip

Date

Revised 2/7/11