

St. Mary School
106 Jackson Street, Box 780
Fishkill, NY 12524
(845) 896-9561
Fax (845) 896-8477
Email: info@stmaryfishkill.net

Student's Name _____

School Student is Leaving _____

School Address _____

City/State/Zip _____

Entering Grade _____

The student whose name is listed above has registered to enter St. Mary School
as of _____.

Please forward the following records:

- complete transcript of this student's academic records
- the results of any standardized tests
- health records

The parent or guardian has given us permission to request all records for this
student.

Thank you.

Sincerely,



Barbara Schwiebert
Principal

Parent/Guardian Signature _____ Date _____