

Immaculate Conception School

1901 Madison Street Clarksville, Tennessee 37043
931-645-1865 Office 931-645-1160 Fax www.icschootn.org



RECORD REQUEST

DATE: _____

TO: Records Department

Current School Name and Address: _____

NAME OF STUDENT (Full name): _____

Address: City/State/Zip: _____

Date of Birth: _____ Current Grade _____

The above named student has registered at Immaculate Conception School.

Please forward the following:

All Standardized test scores at least 3 years (if applicable)

1. Report cards- including at least 3 years (if applicable)
2. Educational Testing records to include Speech/Language
3. Immunization records/health
4. Psychological Reports (if applicable)
5. Attendance Records
6. Disciplinary Records

Signature

Position

Thank you in advance for sending the requested cumulative records as promptly as possible to the address written above.

NB New Federal Law 99.31 – no parent signature is required for educational records sent to another educational agency.

Our Mission

Immaculate Conception School, in partnership with Immaculate Conception Parish, believes our school is a place where Catholic faith and learning go hand in hand. Jesus is present in the lives of our students, faculty, and community. We respect the dignity of all life. Our words and actions will be kind and honest to show our respect for Jesus. We strive toward academic excellence and value life-long learning.