



*Instilling Catholic values and promoting academic
excellence by nurturing mind, body and soul.*

To be completed by parent or guardian

RECORDS REQUEST FORM

(please print)

The student (s) listed below will be transferring from

Name of School: _____

Address: _____

City, State & Zip: _____

and will be in attendance in the Aberdeen Catholic School System effective ☐ Fall _____ yr.
☐ Spring _____ yr.

Please release all records, such as health and personality or psychological records, scholastic grades, test scores, and SIMS number, etc for the student (s) listed below.

Thank you, for your time and consideration.

Name of Student (s)

_____	Grade: _____
_____	Grade: _____
_____	Grade: _____
_____	Grade: _____

I give my permission to have all school records for my child/children listed above to be released to:

_____ Roncalli High School (**6-12 grade**) Attn: **Laurie Imberi**
1400 N. Dakota St.
Aberdeen, SD 57401

_____ Roncalli Elementary School (**2-5 grade**) Attn: **Melissa Fisher**
501 3rd Ave. SE
Aberdeen, SD 57401

_____ Roncalli Primary School (**K-1 grade**) Attn: **Dona Mangan**
419 1st Ave. NE
Aberdeen, SD 57401

Signature of Parent: _____ Date: _____