

ST. JOHN'S LUTHERAN SCHOOL
4939 WEST MONTROSE
CHICAGO, IL 60641

PHONE: 773.736.1196
FAX: 773-736-3614

STUDENT TRANSFER REQUEST

Dear Principal,

The below mentioned student will be transferring to our school. The parent hereby requests that the following information be sent to our school:

- Permanent Record
- Achievement Test Scores
- Medical History
- Behavioral History
- EP/Special Classes

School: _____

Phone #: _____

Fax #: _____

I also give your staff permission to talk to personnel from St. John's Lutheran School.

Student Name: _____

Last Grade Attended _____

Parent Signature _____ Date _____