



IMMACULATE CONCEPTION SCHOOL

321 South Metter Avenue

Columbia, Illinois 62236

Michael L. Kish, Principal

(618) 281-5353

mkish@htc.net

www.icscolumbia.org

To Whom It May Concern:

_____ has enrolled in the _____ grade at Immaculate Conception School. Previous attendance at your school has been indicated. Please forward to us all information on health, academic, and testing results for our confidential use in dealing with the growth of this student.

Thank you for your cooperation.

Sincerely,

Michael L. Kish
Principal

PERMISSION FOR RELEASE OF SCHOOL RECORDS

I hereby grant permission for

_____ (school)
_____ (address)
_____ (City, State, Zip)

To release any and all school records to Immaculate Conception School where the student now attends.

Name of student

Grade

Date

Permission Granted By

Relationship