



Saint Thomas the Apostle School

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Thomas J. Kane, Principal  
[tkane@stthomas-school.org](mailto:tkane@stthomas-school.org)

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: TRANSCRIPT RELEASE

DATE: \_\_\_\_\_

\_\_\_\_\_  
STUDENT'S NAME DATE OF BIRTH

Has applied to our school. Would you please forward:

- A copy of the scholastic record including ongoing grades from the last marking period
- Standardized testing data to include New York State tests, if applicable
- Health and immunization records
- Psychological (CONFIDENTIAL)
- Individual Education Program (CONFIDENTIAL), if applicable

Thank you in advance for your cooperation.

Sincerely,

Thomas J. Kane  
Principal

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In compliance with New York State law, I hereby give permission to Saint Thomas the Apostle School to obtain/send cumulative records for transfer and registration purposes.

\_\_\_\_\_  
PARENT SIGNATURE DATE

\_\_\_\_\_  
ADDRESS CITY STATE ZIP

