

HOBOKEN CATHOLIC ACADEMY

555 7th Street

Hoboken, NJ 07030

Tel.: (201) 963-9535 Fax: (201) 963-1256

Records Request

School last attended

Address

Phone: _____

Fax: _____

Please release to Hoboken Catholic Academy the complete record of:

Child's Name: _____

Date of Birth: _____

Who is applying for enrollment in Grade: _____ **for the school year** _____

I give permission for my child's academic and health records to be sent to:

Hoboken Catholic Academy

555 Seventh Street

Hoboken, NJ 07030

Signature of Parent or Legal Guardian

Relationship

Date: _____

Thank you for your prompt response to this request.