



**CHURCH OF THE INCARNATION CATHOLIC SCHOOL
TRANSCRIPT RELEASE FORM**

**Parents: Please complete this form and return to Incarnation Catholic School
with the Application for Admission.**

_____ is applying for grade _____ for school year _____
Name of Applicant

Permission is granted for the full and complete release of the
applicant's academic and disciplinary records, transcripts (including the most recent report card and
standardized test results), immunization records and any special testing results.

Please send immediately upon receipt of this letter.

Current School Information

School Name _____

Contact _____

Street Address _____

City, State, Zip _____

Phone _____ Fax _____

Present Grade of Student _____

I hereby certify that I am the parent/guardian of the above named student.

Signature of Parent/Guardian

Date

Registrar: Please send records on the above student to:

Admissions Office

ATTN: Karen Miranda

Incarnation Catholic School

360 Bray Station Road

Collierville, TN 38017

Phone: 901.853.7804 Fax: 901.850.2699