

## St. Theodore School

Box 430, 105 Main Street, Theodore, SK S0A 4C0
Phone: (306) 647-2762 Fax: (306) 647-2024

School website: https://www.christtheteacher.ca/cttcs/sttheodore/
School e-mail address: saint.theodore@cttcs.ca

AP 320.1

## AUTHORIZATION TO RELEASE STUDENT RECORDS

Attention: PRINCIPAL / STUDENT RECORDS			Fax:	
Student's Previous School:				
Address:				
City/Town/Village, Province :				
Postal/Zip Code:				
he following student(s) has recently re	gistered at St. Th	neodore School:		
Name of Student	Grade	Birth Date (YYYY – MM - DD)	SK. Learning ID #	
	I I			
nformation, educational plans, and physical/psychological) information roon as possible.	any other perti necessary to pro	nent information about	t the student(s), including h	
Please forward the cumulative record information, educational plans, and inphysical/psychological) information in oon as possible.  authorize the release of this information	any other perti necessary to pro	nent information about	t the student(s), including h	
nformation, educational plans, and physical/psychological) information roon as possible.	any other perti necessary to pro	nent information about	t the student(s), including h	
nformation, educational plans, and physical/psychological) information noon as possible.  authorize the release of this information	ecessary to pro	nent information about	t the student(s), including hamming, to the above addre	
nformation, educational plans, and physical/psychological) information in oon as possible.  authorize the release of this information.  Signature of Student (1	ecessary to pro on: 8 years or older egal Guardian 8 years of age)	nent information about	t the student(s), including hamming, to the above addre	