



SAINT JOHN PAUL II

SJPII

CATHOLIC SCHOOL

CONSENT TO EXCHANGE CONFIDENTIAL INFORMATION

Date: _____ Staff Member: _____ Email: _____

FAMILY INFORMATION

Parent Name: _____

Student Name: _____

Student DOB: _____

SCHOOL INFORMATION IS BEING REQUESTED FROM

Name: _____

City / State: _____

Email: _____

Fax: _____

INFORMATION REQUESTED

- ☒ Report Cards, Standardized Test Result, Current Academic Performance
- ☒ Birth Certificate, Immunization Records, Florida Health Form
- ☒ Student Support Plan, IEP, 504, SSP
- ☒ Professional Evaluation Reports, Records of Conferences/Interventions
- ☒ Behavioral Information, Discipline Reports

I understand that this information will be kept in strict professional confidence and will only be released to those with immediate need, for the strict purpose of educational planning for my child.

Parent Signature & Date

Witness Signature

SCHOOL CONTACT INFORMATION

EMAIL: ENROLL@SJP2.US

ADDRESS: 4341 W HOMOSASSA TRAIL

PHONE: 352-746-2020

LECANTO, FL 34461

FAX: 352-746-3448