



FATHER VINCENT
CAPODANNO

HIGH SCHOOL

Re: Student Records

Date _____

Last School _____

Street Address _____

City/St/Zip _____

Phone _____

Dear Registrar,

The student(s) listed below formerly attended your school. Please send the complete school records, including test scores, grade placement information, health records, and any other necessary documents.

Student Name: _____ Grade: _____

Sincerely,

Frances Klotz

School Administrator