



# SAINT EDMOND'S ACADEMY

2120 Veale Road  
Wilmington, DE 19810-4199  
Admission Office Phone (302) 475-5370  
Admission Office Fax (302) 475-0913

## REQUEST FOR PERMANENT ACADEMIC AND MEDICAL RECORDS

The following student **HAS BEEN ACCEPTED** for admission to Saint Edmond's Academy. Please send **BOTH ACADEMIC and MEDICAL** records to Saint Edmond's Academy at the end of the school year.

Name of Student \_\_\_\_\_

Present Grade \_\_\_\_\_

Accepted for Grade \_\_\_\_\_

Present School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Principal \_\_\_\_\_

I/we the parents of the above mentioned student, give permission to have my/our son's **PERMANENT ACADEMIC & MEDICAL** records sent to Saint Edmond's Academy:

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PARENTS:** Please submit this form to Saint Edmond's Academy once you have completed it. We will need these records to complete his file **BEFORE** he starts classes.