Lilian Schick School
Box 689, Bon Accord, Alberta T0A 0K0
Telephone: (780) 921-2200
Fax: (780) 921-3113

REQUEST FOR STUDENT RECORD

Student cumulative record and confidential file are requested for:

Student's Name: _____
SURNAME FIRST MIDDLE

Date of Birth: _____ _____ _____ Grade: _____
Month Day Year

Name and address of last School attended:

_____

_____

_____

Date of leaving or transfer: _____

Permission is granted to the above named school jurisdiction to release the requested information regarding the above named be sent to:

Lilian Schick School
Box 689
Bon Accord, Alberta
T0A 0K0

_____ _____
Date Signature of Parent/Guardian