



Spruce Grove Composite High School

****FOR OFFICE USE ONLY****

Date File Requested: _____

Date File Received: _____

Previous School: _____

City/Province: _____

Fax (*if known*): _____

ATTENTION: STUDENT RECORDS

Student Name	Birthdate	Current Grade

This student has registered at Spruce Grove Composite High School and indicates that your school was the last one attended. **Please forward the cumulative record, confidential records, and all other pertinent information concerning this student.** If these records are *not* available, please return this letter with a brief note of explanation. Forward records to:

**SPRUCE GROVE COMPOSITE HIGH SCHOOL
1000 Calahoo Road
Spruce Grove, Alberta T7X 2T7**

Parent/Guardian Authorization

I, _____, consent to releasing the information noted above.

Signature

Date

Ph: 780-962-0800 Fax: 780-962-9555
1000 Calahoo Road, Spruce Grove, AB T7X 2T7

