



USE THIS FORM IS FOR
1st – 8th GRADE REGISTRATION
ONLY

PERMISSION TO CONTACT STUDENT'S CURRENT SCHOOL

Child's Name: _____

Grade: _____

Child's Current or Previous School: _____

School Address: _____

School Phone Number: _____

Principal's Name: _____

Teacher's Name: _____

I, _____, give Kathy Bechdel, Principal at Our Lady of Victory Catholic School, permission to contact my child's current teacher and/or principal at the school specified above, in order to determine if Our Lady of Victory Catholic School can meet the academic needs of my child.

Parent's Signature

Date

800 Westerly Parkway, State College, PA 16801

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