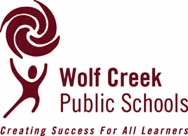


5830 50 Street, Lacombe, Alberta T4L 1G5

Tel: (403) 782-3812 Fax: (403) 782-7405 Email: eljhs@wolfcreek.ab.ca



PRINCIPAL

Mrs. B. Andersen

ASSISTANT PRINCIPALS

Mr. S. Wagar

Mr. T. Hoganson

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following student has transferred to Ecole Lacombe Junior High School. Please forward all cumulative records, confidential files, and any pertinent information as soon as possible to:

Ecole Lacombe Junior High School

5830 50 St

Lacombe, AB

T4L 1G5

ATTENTION: Student Records

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_ Provincial ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yours truly,

B. Andersen

Principal

**Parental Permission – Release of Records**

I hereby give my approval for the release of all confidential records of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the Ecole Lacombe Junior High School.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent and/orGuardian