

**Saint Michael School
16 West Wilhelm
Schererville In**

Request Form

There is a 48 hour turn around on all requests

Family Name _____

Student Name _____

Grade _____

Organization Name _____

Kind of List Required _____

All student academic files and medical files will be transferred to the transfer school. Please have them request a copy of the file. CYO records are not a part of St. Michael School files.

Date Request _____ **Time** _____ **Initials** _____