



9348 Olive Blvd, 63132
(314) 733-9770
www.CoeurAcademy.org

RELEASE/OBTAIN STUDENT INFORMATION

Student Name: _____ Birthday: _____

Parent/Guardian: _____ Phone #: _____

Address: _____ City/State/Zip: _____

I hereby give my permission to Coeur Academy to release/obtain the following information for educational purposes.
Please send requested information to:

Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

- Student Progress Report
- Behavior Support Plan
- Discipline Record
- Verbal Communication and Exchange of Information

(Signature of Parent/Guardian)

(Date)