SAINT JOHN the EVANGELIST
CATHOLIC SCHOOL
111 JOHN E. MANN STREET, WARRENTON, VA 20186

Release of Student Records

Date:_____ / _____/ _____

Name and Address of Previous School:
_____ Phone#: _____
_____ Fax #: _____
_____

The following student has applied for admission to _____ School.

_____ _____ _____
Child's Name Date of Birth Grade

Please forward the following information to my attention at the above address as soon as possible so that appropriate educational placement may be made.

Academic Transcripts*
Standardized Test Scores*
Current Year Grades to Date*
Attendance Information*
Physical Examination
Health and Immunization Records
Physical Fitness Test Records
Psychological/Educational Evaluations
Sociological Information
IEP/504 Plan
Child Study Referrals
Speech and Language Evaluations
Vision Screening Reports
Special School/Center Information
Discipline Record
Screening and Eligibility Minutes
Custody Information/Court Decisions

Thank you for your cooperation.

Sincerely,

Principal

Note: in accordance with FERPA (Family Educational Rights and Privacy Act), records marked with an asterisk do not require parent signature for release.

I give permission to have the above records forwarded to the principal's attention at the above address.

_____ _____
Signature of Parent/Guardian Date