



Faith, Excellence and Joy

QUEEN OF APOSTLES CATHOLIC SCHOOL

4409 Sano Street, Alexandria, Virginia 22312

RELEASE OF STUDENT RECORDS

Date : ___/___/___

Name and Address of Previous School:

_____ Phone: _____

_____ Fax: _____

The following student has applied for admission to Queen of Apostles Catholic School.

Student's Name	Date of Birth	Grade
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Please forward the following documents and information to my attention at the above address as soon as possible so that appropriate educational placement may be accomplished.

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

Thank you for your cooperation.

Sincerely,

Anne Arias
Principal

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

_____ Date

Signature of Parent/Guardian