



Faith, Excellence & 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

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.

- | | |
|---|---|
| <ul style="list-style-type: none"> Academic Transcripts Standardized Test Scores Current Year Grades to Date Attendance Record/Information Physical Examination Forms Health and Immunization Records Physical Fitness Test Records Psychological/Educational Evaluations Custody Information/Court Orders/Decisions | <ul style="list-style-type: none"> 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 |
|---|---|

Thank you for your cooperation.

Sincerely,

Kristie Meyers
Principal

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

Signature of Parent/Guardian	Date