



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.

- | | |
|--|-----------------------------------|
| 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,

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