



# Our Lady of Hope Catholic School

## RELEASE OF STUDENT RECORDS

Date: \_\_\_/\_\_\_/\_\_\_

Name and address of previous school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

The following student has applied for admission to Our Lady of Hope Catholic School:

\_\_\_\_\_  
Name

\_\_\_/\_\_\_/\_\_\_  
Date of Birth

\_\_\_\_\_  
Current Grade

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

Academic Transcripts  
Standardized Test Scores  
Current Year Grades to Date  
Physical Examination  
Health and Immunization Records

Psychological/Educational Evaluations  
Speech and Language Evaluations  
IEP/504 Plan  
Discipline Record  
Custody Information/Court Decisions

Thank you for your cooperation.

Sincerely,

Mrs. Jeanne Canavan  
Principal

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date