



RELEASE OF STUDENT RECORDS
OUR LADY OF HOPE CATHOLIC SCHOOL

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 an 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,

Natalie Evans

Mrs. Natalie Evans
Principal

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

Parent/Guardian Signature

Date

Email records to: school@ourladyofhope.net
Phone: 703-433-6760 | www.ourladyofhope.net