RELEASE OF STUDENT RECORDS

OUR LADY OF HOPE CATHOLIC SCHOOL

Date: ___/___/___

Name and address of previous school:
_____
_____
_____

Phone: _____
Fax: _____
Email: _____
Contact: _____

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