**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

Attendance Information

Physical Examination

Health and Immunization Records

Psychological/Educational Evaluations

Sociological Information

IEP/504 Plan

Speech and Language Evaluations

Vision/Hearing Screening Reports

Discipline Record

Custody Information/Court Decisions

Tuberculosis Screening

Thank you for your cooperation.

Sincerely,

Mrs. Mary Beth Pittman

Principal

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

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

Parent/Guardian Signature Date



46633 Algonkian Parkway, Potomac Falls, VA 20165

703.433.6760 main ● 703.433.6761 fax ● [www.school.ourladyofhope.net](http://www.school.ourladyofhope.net)