



Holy Spirit
CATHOLIC SCHOOL

Inspiring Minds | Igniting Hearts

Release of Student Records

703.978.7117 | Fax:703.524.8670 | lmartin@holyspiritflames.org

Date: ____/____/____

Name and Address of Previous School

Phone# _____

FAX# _____

The following student has applied for admission to Holy Spirit Catholic School.

Student's Name ____/____/____ _____
Date of Birth Grade

Please forward (Email and FAX is allowed) the following information to my attention at the address below as soon as possible so that the appropriate educational placement may be made.

- | | |
|---------------------------------------|---|
| Academic Transcripts* | Sociological Information |
| Standardized Test Scores* | IEP/504 Plan |
| Current Year Grades to Date* | Child Study Referrals |
| Attendance Information* | Speech and Language Evaluations |
| Physical Examination | Vision Screening Reports |
| Health and Immunization Records | Special School/Center Information |
| Physical Fitness Test Results | Discipline Record |
| Psychological/Educational Evaluations | Screening and Eligibility Minutes |
| Custody Information/Court Decisions | Student Information Form (Completed by current teacher) |

Thank you for your cooperation.

Sincerely,

Anne M. Dyke
Principal

NOTE: *In accordance with FERPA (Family Educational Rights and Privacy Act) records marked with an asterisk do not require parent signature for release.*

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

Signature of Parent/Guardian Date