Name and Address of Previous School

 Phone #

 Fax #

The following student has applied for admission to St. Michael School.

Child’s Name Date of Birth Grade

Please forward the following information to my attention at the above address as soon as possible so that 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 Records Discipline Record

Psychological/Education Evaluations Screening and Eligibility Minutes

 Custody Information/Court Decisions

Thank you for your cooperation.

Sincerely,

Annie Fernandez

Principal

**Note: In accordance with FERPA (Family Education 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 address below.

Signature of Parent/Guardian Date

Saint Michael School FAX: 703-256-3490