



Release of Student Records

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*
Standardized Test Scores*
Current Year Grades to Date*
Attendance Information*
Physical Examination*
Health and Immunization Records*
Physical Fitness Test Records
Psychological/Education Evaluations

Sociological Information
IEP/504 Plan
Child Study Referrals
Speech and Language Evaluations
Vision Screening Reports
Special School/Center Information
Discipline Record
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