

St. John Academy

6422 Linway Terrace

McLean, Virginia 22101

Phone (703-356-7554)

Fax (703-448-3811)

www.stjohncatholicmclean.org

Release of Student Records

Date: ___ / ___ / ___

Name and Address of Previous School:

Phone #: _____

Fax #: _____

The following student has applied for admission to _____ 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/Educational 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,

Mr. Peter Schultz
Headmaster

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

Signature of Parent/Guardian

Date