

St. Andrew

the Apostle



VCEA Accredited School

Date: ____ / ____ / ____

Name and Address of Previous School:

Phone#: _____

FAX #: _____

To Whom It May Concern,

The following student has applied for admission to St. Andrew the Apostle Catholic School:

Child's Name

Date of Birth

Current Grade

Please forward the following information to my attention at the school's address below as soon as possible so that appropriate educational placement may be made for this student:

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

**Note: in accordance with the Family Educational Rights and Privacy Act, records marked above with an asterisk do not require parent signature for release.*

Thank you for your assistance in this matter,

Sincerely,

Mary Baldwin

Principal

I give permission to have the above student records from the previous school forwarded to the Principal's attention at St. Andrew the Apostle Catholic School, 6720 B Union Mill Road, Clifton, VA 20124.

Signature of Parent/Guardian

Date