



ST. MARK Catholic School

9972 Vale Road
Telephone 703 281-9103

Vienna, Virginia 22181-4005
Fax 703 766-3430



Release of Student Records

(THIS FORM SHOULD BE SIGNED AND GIVEN TO YOUR CHILD'S CURRENT SCHOOL.)

Name and Address of Current School:

_____ Phone #: _____
 _____ Fax #: _____

The following student has applied for admission to *ST. MARK* Catholic 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. Records can be sent by mail (to the address listed above), by fax (703-766-3430), or by email (admissions@stmark.org).

- | | |
|--|--|
| <ul style="list-style-type: none"> Academic Transcripts Standardized Test Scores Current Year Grades to Date Attendance Information Physical Examination Health and Immunization Records Physical Fitness Test Results Psychological/Educational Evaluations | <ul style="list-style-type: none"> 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,

Mrs. Kimberly Parker
Principal

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

| | |
|------------------------------|------|
| Signature of Parent/Guardian | Date |
|------------------------------|------|