



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
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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).

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|---------------------------------------|-------------------------------------|
| 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 Results | Discipline Record |
| Psychological/Educational Evaluations | 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 _____