

Paul VI Catholic High School
10675 Fairfax Blvd
Fairfax, VA 22030
Phone: 703352-0925 Fax: 703 383-3974

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,

Mrs. Eileen B. Hanley
Director of Admissions and Student Life

Note: in accordance with FERPA (Family Educational 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 above address.

Signature of Parent/Guardian

Date