



Release of Student Records

Date: _____
Fecha

The following student has applied for admission to:
El siguiente estudiante ha solicitado admisión a:

All Saints Catholic School
9294 Stonewall Road
Manassasa, VA 20110
(or via email at admissions@allsaintsva.org)

Child's Name (first/last)
Nombre del Estudiante

Date of Birth
Fecha de Nacimiento

Child's Grade
Grado

Please forward the following information to the above school, Attn: David Conroy, Jr., Principal, as soon as possible so appropriate educational placements may be made.

Academic Transcripts*	IEP / 504 Plan
Standardized Test Scores*	Child Study Referrals
Current Year Grades to Date*	Speech and Language Evaluations
Attendance Information*	Vision Screening Reports
Physical Examination	Special School / Center Information
Health and Immunization Records	Discipline Record
Physical Fitness Test Records	Screening and Eligibility Minutes
Psychological / Educational Evaluations	Custody Information / Court Decisions
Sociological Evaluations	

Note: In accordance with FERPA (Family Educational Rights and Privacy Acts), records marked with an asterisk do not require parent signature for release.

Nota: de acuerdo con FERPA (La ley de privacidad y derechos educativos de la familia), los registros marcados con un asterisco no requieren la firma del padre para su publicación.

I give permission to have the above records forwarded. Doy permiso para que se reenvien los registros anteriores.

Signature of Parent/Guardian
Firma del padre/ tutor

Date
Fecha



Student Information Form

THIS SECTION TO BE COMPLETED BY THE PARENT

Student Name: _____ Grade: _____

School Currently Attending: _____

School Address: _____ School Phone: _____

Teacher's Name: _____ Grades Attended: _____

PARENT AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize _____ to release the information requested in this form to All Saints Catholic School, 9294 Stonewall Road, Manassas, VA 20110, or via email at admissions@allsaintsva.org.

Signature of Parent: _____ Date: _____

THIS SECTION TO BE COMPLETED BY THE SCHOOL

The above named student has applied for admission to All Saints Catholic School. The following information would be helpful in determining acceptance and placement in our program.

Attendance: Satisfactory Unsatisfactory

Please evaluate the areas below using the following scale: E = Excellent; G= Good; F = Fair; U = Unsatisfactory

General Attitude	_____	Cooperation	_____
Effort	_____	Classroom Conduct	_____
Relationship with Teacher	_____	Relationship with Peers	_____
Respects Authority	_____	Home Study Habits	_____
Shows Initiative	_____	School Study Habits	_____
Takes Pride in Work	_____	Completes Assignments	_____

(Continued on following page.)

Current Reading Series: _____

Copyright: _____ Reading Level: _____

Current Math Series: _____

Copyright: _____ Math Level: _____

Based on the work that this student has completed in your school, please rate the student's overall progress:

- Outstanding Student
- Above Average Student
- Average Student
- Low Average Student
- Working Below Grade Level

Has this student ever been recommended for or identified as needing the following:

	Yes	No
Psychological Testing		
Special Education		
Gifted Program		
Grade Retention		
Language-Speech/Hearing		
ESL Education		

If you selected "Yes" for any item, please explain below:

Please provide any other information, which will assist us in our acceptance of this student:

Signature of Teacher: _____ Date: _____

Signature of Principal: _____ Date: _____