



8601 Wolftrap Road, Vienna, VA 22182-5026 Phone: (703) 938-3600 • Fax: (703) 938-2933

www.olgcschool.org

## The following student has applied for admission to Our Lady of Good Counsel School.

Student's Full Name		Date of Birth
Name & Address of School providing records:		Phone #
		Fax #
Student attended from	, 20	_
To Date of Withdrawal	, 20	Grades Attended:
Domitical Ch	udent Decembe	
	udent Records	
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 FERPA (Far records marked with an asterisk do r		
Please send the items above as soon as possible so made. Thank you for your cooperation.	o that appropriat	te educational placement can be
Sincerely,		
Signature of Principal Requesting Records		Date
I give permission to release the above records for m	ny student to the	requesting Principal above.
Signature of Parent/Guardian		