



Student Records Release Form

Good Shepherd Episcopal School
4207 Forest Hill Avenue - Richmond, VA 23225
Telephone: (804) 231-1452 - www.gses.org

Name of Head of School/ Director/ Principal: _____

Name of Guidance Counselor: _____

Present School: _____ School type: Public Private

School Address: _____

Phone: _____ Fax: _____

Student's Present Grade: _____ Date of Birth: _____

_____ has applied for admission to Good Shepherd Episcopal School

(Student's Full Name)

for Grade _____, for the 20____ - 20____ academic year.

Please forward the following REQUIRED information: Grade Reports (including comments) for each year (K-8), Standardized test scores for each year (K-8), health forms (including immunization records), and attendance. If available, send the most recent psychological evaluation, educational evaluation, or Individual Education Plan.

Send records to the attention of:

Director of Admissions
Good Shepherd Episcopal School
4207 Forest Hill Avenue
Richmond, VA 23225
admissions@gses.org

I hereby grant permission for the release of the above records and any other information that may be useful for admissions and educational planning concerning my child.

Signature, Parent/ Guardian

Date (Month/Day/Year)

Printed Name