



Be Who You Are and Be That Well

8601 Wolfrap 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____
Date of Enrollment

To _____, 20____ *Grades Attended:* _____
Date of Withdrawal

Required Student Records

- | | |
|---------------------------------------|-------------------------------------|
| 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 Records | Discipline Record |
| Psychological/Educational Evaluations | Screening and Eligibility Minutes |
| | Custody Information/Court Decisions |

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

Please send the items above as soon as possible so that appropriate educational placement can be made. Thank you for your cooperation.

I give permission to release the above records for my student to Our Lady of Good Counsel Catholic School.

Signature of Parent/Guardian *Date*

Please send the records to admissions@olgcschool.org. Thank you!