



Be Who You Are and Be That Well

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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 # _____
Email _____

Student attended from _____, 20____
Date of Enrollment

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

<u>Required Student Records (any that apply)</u>	
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
<i>*Note: in accordance with FERPA (Family Educational Rights and Privacy Act), records marked with an asterisk do not require parent signature for release.</i>	

I give permission to release the above records for my student to Our Lady of Good Counsel Catholic School. I also give permission for OLGC School to speak with the Principal/Director/Teacher to obtain additional information about my child.

Signature of Parent/Guardian *Date*

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