



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 / Records Contact _____

Present School _____

School Address _____

School Phone _____ Email _____

Student's Present Grade _____ Date of Birth _____

Student's Full Name _____ has applied for admission to Good Shepherd Episcopal School
for Grade _____ for the 20 __ __ - 20 __ __ academic year.

Please forward the following records: report cards/grade reports (including teacher comments), educational testing results, attendance records, school health/immunization record, any disciplinary records, and any other applicable evaluations.

Send records to the attention of:

Director of Admissions
Good Shepherd Episcopal School
4207 Forest Hill Avenue
Richmond, VA 23225
Admissions Office: (804) 231-1452
admissions@gses.org

I authorize the release of the records listed above to Good Shepherd Episcopal School for admissions and enrollment purposes.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____