Date: \_\_\_/\_\_\_/\_\_\_

The following student has applied for admission to Saint John Academy:

Child’s Name Date of Birth Current Grade

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Address of Current School:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please forward the following information to Saint John Academy at the address below as soon as possible so that appropriate educational placement may be made.

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

I (Parent/Guardian) give permission to have the above records forwarded *to the Registrar’s attention* at the address below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

Saint John Academy

6422 Linway Terrace

McLean, VA 22101

Attn: REGISTRAR