



# Saint John the Beloved Academy

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

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

Child's Name	Date of Birth	Current Grade
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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
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Saint John the Beloved Academy  
 6422 Linway Terrace  
 McLean, VA 22101  
 Attn: REGISTRAR