



Saint John the Beloved Academy

Records Request

Date: ___/___/___

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

Mail to:
Saint John the Beloved Academy
6422 Linway Terrace
McLean, VA 22101
Attn: REGISTRAR
Or email: cwhite@StJohnAcademy.org