



# St. Mark Catholic School

9972 Vale Road  
Telephone 703 281-9103

Vienna, Virginia 22181-4005  
Fax 703 766-3430



## Release of Student Records

(THIS FORM SHOULD BE SIGNED AND GIVEN TO YOUR CHILD'S CURRENT SCHOOL.)

Name and Address of Previous School:

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

The following student has applied for admission to ST. MARK Catholic School.

_____	_____	_____
Child's Name	Date of Birth	Grade

Please forward the following information to my attention at the above address as soon as possible so that appropriate educational placement may be made. Records can be sent by mail (to the address listed above), by fax (703-766-3430), or by email ([admissions@stmark.org](mailto:admissions@stmark.org)).

- Academic Transcripts
- Standardized Test Scores
- Current Year Grades to Date
- Attendance Information
- Physical Examination
- Health and Immunization Records
- Physical Fitness Test Results
- 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

Thank you for your cooperation,

Sincerely,

Mrs. Darcie Girmus  
Principal

I give permission to have the above records forwarded to the principal's attention at the above address.

_____	_____
Signature of Parent/Guardian	Date