



BISHOP IRETON HIGH SCHOOL

Release of Student Records

For students enrolled outside of the Arlington Diocesan Elementary School System

Name and Address of Previous School:

Date: ____/____/____

Phone #: _____

Fax #: _____

The following student has applied for admission to **Bishop Ireton High 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.

*Academic Transcripts

*Standardized Test Scores

*Current Year Grades to Date

Attendance Information

Physical Examination

Health and Immunization Records

Physical Fitness Test Records

*Psychological/Educational Evaluations

*necessary for our application process

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

I give permission to have the above records forwarded to the Admissions Office at Bishop Ireton High School.

Mail to: Admissions Office, Bishop Ireton High School, 201 Cambridge Road, Alexandria, VA 22314.

Signature of Parent/Guardian

