



# 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

