



**ST. RITA  
SCHOOL**

3801 Russell Road  
Alexandria, Virginia 22305  
Phone: 703.548.1888

**Release of Student Records**

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

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

Name and Address of Previous/ Current School:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

The following student has applied for admission to **Saint Rita School**

<b>Child's Name</b>	<b>Date of Birth</b>	<b>Grade</b>
---------------------	----------------------	--------------

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
- Custody Information/Court Decisions

- 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

Thank you for your cooperation,

Sincerely,

*Mauryl Odishimwa*  
Principal.

Note: In accordance with FERPA (Family Educational Rights and Privacy Act), records marked with an asterisk do not require parent signature for release.

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

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date