

Request for Information/Release of Records Authorization

Entering Grades 1 through 8

for admission into Our Lady of the Assumption Catholic School

Submit to the applicant's current school. Do NOT return this form to OLA Catholic School.

Name of school applicant currently attends: _____

Full Name of Student: _____ Current Grade of Student: _____

Complete School Address: _____

School Phone: _____

I authorize the above-named school to release of my child's complete records and evaluative data to Our Lady of the Assumption Catholic School.

Signature of Parent or Guardian: _____ Date: _____

Dear School Administrator:

The student named above is applying for admission to Our Lady of the Assumption Catholic School. Our program is strictly academic, offering a basic curriculum. We try to provide for a normal range of learning differences, but we are unable to offer remediation for significant learning needs of students.

We would appreciate your assistance in obtaining a complete academic transcript by returning this form and the following information:

Encl. N/A

- _____ The student's grades for the most recently completed term at your school
- _____ Complete grade records from your school **and** any other school(s) from which you have received records
- _____ Scores of all standardized testing
- _____ Report(s) from all psychological/psycho-educational evaluations
- _____ A copy of any 504 Plan or IEP on file for this child, including placement minutes
- _____ Health and immunization records
- _____ Disciplinary records your school **and** any other schools from which you have received records

Please mail completed transcripts to: **Admissions Office**
Our Lady of the Assumption Catholic School
1320 Hearst Drive, NE
Atlanta, GA 30319

Our Lady of the Assumption School seeks to create a nurturing environment grounded in the Catholic faith, which provides for the spiritual and academic development of each child.

2011 BLUE RIBBON SCHOOL OF EXCELLENCE

