RECORDS REQUEST

Request for Academic Records

Saint Luke Catholic School

7005 Georgetown Pike, McLean, Virginia 22101 Telephone 703.356.1508 Facsimile 703.356.1141

School Name			
Address	City	State	Zip
I request that a copy of official	school records for the	student named belo	w be sent to Saint Luke
Catholic School for the purpose	of admission review a	and academic placen	nent.
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Please include the following:	7//4		
1) Report cards for the		THE PERSON NAMED IN POST OF	
	zed achievement and a	•	
	e and disciplinary act		
4) If applicable, copies	of personal evaluation	ns or psychological	reports.
	11 11 3 13		
I authorize teachers to release i	nformation about my	child that would ide	entify apparent learning
strengths and weaknesses and p	patterns of behavior.		
STUDENT	VO.		
DATE OF BIRTH	T.C.	GRADE	
PARENT/GUARDIAN		DATE	
=			
Address	City	State	Zip
Telephone (home)	(work)	(cell)	
	ITATORICA		

Schools should send information and this release form to:

Connie Lagos, Registrar Saint Luke Catholic School 7005 Georgetown Pike McLean, Virginia 22101