Holy Cross Regional Catholic School
Release of Records Form

The student listed below has applied for admission to Holy Cross Regional Catholic School. Official copies of the records listed below are requested to complete the application and enrollment process.

Student's Full Name_____
Last **First** **Middle**
Entering Grade_____for the school year 20__- 20__. Date of Birth_____

Please furnish the following information when sending the students records.

1. Grades received to date (numerical and letter). **Please include grading code or key**.
2. For students in grades 8 – 12, credits or units earned to date, and Driver Education Certificate if applicable
3. Standardized Test Scores
4. Information and testing results regarding special needs (i.e. gifted program, psychological testing, IEP, 504, counseling, speech and language therapy, occupational therapy, physical therapy, etc.)
5. Record of attendance
6. Discipline information
7. **Complete** immunization records

School Currently Attending_____
Address of School_____
_____
Phone Number of School_____
Name of School Principal and/or Guidance Counselor_____

I, _____*, give permission to*_____
Parent/Guardian Signature Name of Current School
to release all of the student's information listed above. In addition, I grant the school principal and/or guidance counselor permission to speak to Holy Cross faculty and/or administration regarding my child.
Date_____

Failure to release records on educational testing, psychological testing, health and immunization records may result in nonacceptance to Holy Cross Regional Catholic School.

Please send student's information to:

Pat LeDonne, Director of Enrollment
Holy Cross Regional Catholic School
2125 Langhorne Rd.
Lynchburg, VA 24501
434-847-5436
FAX: 434-847-4156
Ledonne_p@hcrs-va.org