Roanoke Catholic School STUDENT RECORD RELEASE REQUEST

Student Name:	
Student Home Address:	
Name of Current School:	
Current Grade: Applying for Grac	le: for Academic Year:
I give my permission for the personnel of to comply with this request for records. In addition, sho my permission for my child's complete, updated records Parent/Guardian Signature:	(Name of Current School) uld my child enroll at Roanoke Catholic School, I give s to be forwarded to Roanoke Catholic School.
SCHOOL: Please return a copy of this form with the following documentation directly to Roanoke Catholic School so that we can make an admissions decision. If any item does not relate to this applicant, please check "Not Applicable." Please note that applying for admission does not guarantee acceptance. Please retain copies of all documents for your records and keep the student enrolled at your school for now.	
-Transcripts of Elementary/Middle/High School grades, grand credits earned	Included Not applicable
-Teacher Recommendations	Included Not applicable

Please fax or mail records to Melissa Barnard, Enrollment Coordinator, admissions@roanokecatholic.com

Roanoke Catholic School I 621 N. Jefferson St. I Roanoke, VA 24016

Phone: 540-982-3532 | Fax: 540-345-0785 | www.roanokecatholic.com