

PERMISSION FOR SCHOOL TO RELEASE STUDENT RECORDS AND TRANSCRIPTS

Applicant Name: _____ Applicant for Grade: _____

Current School: _____ Current Grade: _____

School Phone Number: _____ School Fax Number: _____

Parents: Parents **may not** hand deliver materials to Congressional School

1. Fill out applicant information above
2. Sign and date permission below
3. Give this form to the applicant's current Head of School, principal, guidance counselor, or registrar.

To allow the candidate to be considered, I/we authorize the release of my/our child's academic record, I.Q., and other test data and evaluations as requested by Congressional School. I/We hereby authorize Congressional School to contact my child's school and other sources to obtain information to support this application and I/we will not seek access to confidential evaluation materials before or after the admission decision is made. I/ We release every person and institution from any and all liability resulting from and pertaining to the furnishing of records, documents, and other information provided to Congressional School for that purpose. At a later time, if acceptance is offered by Congressional School, I/we authorize the release of the full student record file when my/ our child transfers.

Parent/ Guardian Signature: _____ **Date:** _____

Applicant's Current School: Please send requested materials directly to Congressional School.

1. School Transcripts: Include applicants official two-year transcript. If not part of the transcript, please also include attendance and any discipline records.
2. Teacher recommendation forms
3. First quarter or First trimester grades/ Progress Report
4. Scores of any standardized test, I.Q. test, and/or achievement test taken during the last two years.
5. 504 Plan and/or Individualized Education Program (IEP), if applicable.
6. A school profile, if available.
7. Official year-end transcripts.

Sign if your Daycare or Preschool doesn't have transcripts _____

Please send all materials directly to:

Congressional School
Attn: Gretchen Herbst, Admission Office
3229 Sleepy Hollow Road
Falls Church, VA 22042
Phone: 703.533.1064
admission@csov.org