



PARENTS: PLEASE GIVE THIS FORM TO YOUR CHILD'S CURRENT SCHOOL. RECORDS MUST BE SENT DIRECTLY FROM THE CURRENT SCHOOL.

I/We authorize the release of my/our child's:

- Grades for the past two school years and the current school year
• Aptitude and achievement test scores
• Interpretation of grading scales
• Psychological and special needs testing results
• Attendance and disciplinary records
• Immunization and medical records
• Current teacher recommendation(s)

If accepted, I/we authorize release of the full record when transfer occurs.

I/We authorize Visitation to contact schools and other sources to obtain information relative to my/our child's application. I/We will not seek access to confidential recommendation and evaluation materials before or after the admission decision is made.

Applicant's full name: FIRST MIDDLE LAST

Applying for grade: Enrolling: MONTH/YEAR

Current school:

School address: STREET ADDRESS CITY STATE ZIP

School phone: () School fax: ()

STATE OF CONFIDENTIALITY:

It is the policy of Visitation Academy that all information received regarding a candidate's application for admission will be treated with complete confidentiality. Only school personnel have access to this information and then only to the extent that the information is relevant to admission and placement decisions. Information received within the scope of this policy is not disclosed to the applicant or to the applicant's family.

Signature(s) of parent(s)/guardian(s):

Signature Date

Signature Date

Please send all information to: Admission Office
Visitation Academy
3020 North Ballas Road
St. Louis, MO 63131
FAX: 314-432-7210