

**St. John the Apostle Catholic School  
1968 Sandbridge Road  
Virginia Beach, VA 23456**

**(757) 821-1100 Fax (757) 821-1047**

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**Request for Information and Records**

**(Parents: Please mail directly to school(s) to request records)**

**Date:** \_\_\_\_\_

**To:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Re:** \_\_\_\_\_  
**Last First MI**

\_\_\_\_\_  
**Date of Birth**

**The above named child has applied for enrollment at Saint John the Apostle Catholic School. Please send his/her grades, test scores and health records to the above address. If applicable, send all records pertinent to special needs (IEP, psychological, educational and social).**

**Thank you.**

\_\_\_\_\_  
**Admissions**

**You are hereby authorized to furnish St. John the Apostle Catholic School with my son's/daughter's school records.**

**Signed:** \_\_\_\_\_  
**Parent or Guardian**

**Relationship:** \_\_\_\_\_ **Date:** \_\_\_\_\_