



St. John the Evangelist Catholic School

240 Arnold Street
Hapeville, GA 30354
PHONE 404-767-4312
FAX 404-767-0359

SCHOOL TRANSCRIPT RELEASE FORM (C)

PARENTS, PLEASE COMPLETE THIS SECTION AND GIVE THE FORM TO THE SCHOOL OFFICE SO THAT TRANSCRIPTS MAY BE MAILED DIRECTLY TO ST. JOHN THE EVANGELIST CATHOLIC SCHOOL.

(Name of student) _____ has applied for admission to St. John the Evangelist Catholic School for the school year 2023-2024.

(Name of referring school) _____ has my permission to release all of the information requested below and mail it to St. John the Evangelist Catholic School at the above address.

I waive any right of access to information provided with this form.

Signature(s) of Parent/Guardian _____ Date _____

DEAR SCHOOL PERSONNEL,

Please send the following to St. John the Evangelist School:

- 1** REPORT CARD for the most recently completed term at your school, including conduct grades and/or remarks (If sent prior to January 2023, please send updated records in February.)
- 2** CUMULATIVE ACADEMIC GRADE RECORDS from your school and any other school from which you have received records, including HEALTH RECORDS and CONDUCT/DISCIPLINE RECORDS
- 3** SCORES OF ALL STANDARDIZED TESTING and other pertinent information
- 4** PSYCHO-EDUCATIONAL REPORTS and/or SST Records, if any
- 5** Health Records including the Georgia Immunization form #3231