



**IMMACULATE HEART OF MARY SCHOOL
ADMISSIONS OFFICE
404-636-4488
www.ihmschool.org**

REQUEST FOR RELEASE OF RECORDS – GRADES Pre-K-8

Parents: Please complete this form and give to your child's current school.

Student Name: _____

Current Grade: _____ Grade applying to: _____

Name of Current School: _____

School Address: _____

City: _____ State: _____ Zip _____

School Telephone: _____

*The student named above is applying for admission to Immaculate Heart of Mary School.
I authorize you to release the following information:*

1. Complete transcripts (report cards, progress reports and/or skill evaluations).
2. *Standardized test scores (i.e., ITBS, CogAT, GA Milestones, Star Reports)
3. Copy of any educational, psychological, speech, or occupational therapy evaluations.
4. Copy of any 504 plan or IEP for this student
5. Copies of Immunization records (GA forms 3231 and 3300) and Birth Certificate
6. Disciplinary records

**Grades 1-8 only*

Print Name of Parent or Guardian _____

Signature of Parent or Guardian _____ Date _____

Please send this form and all information by email: admissions@ihmschool.org, fax: 404-636-1853, or by mail to:

Immaculate Heart of Mary School
Attn: Admissions Director, Meaghan Schroeder
2855 Briarcliff Road, NE
Atlanta, GA 30329