



# Holy Cross Academy

250 Stafford Lakes Parkway

Fredericksburg, VA 22508

Phone: (540) 286-1600 • Fax: (540) 286-1625

## Release of Student Records for Kindergarten Applicants

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

### Name and Address of Preschool

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

The following student has applied for admission to Kindergarten at Holy Cross Academy.

Child's Name: \_\_\_\_\_

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

### Dear Preschool Director/Teacher:

I give permission for the Preschool to forward copies of report cards, IEP's and other evaluations to the Principal's attention at the above address. I also give permission for the Kindergarten teacher to speak with the Preschool Director/Teacher to obtain additional information about my child.

\_\_\_\_\_  
Signature of Parent Guardian

\_\_\_\_\_  
Date