## Roanoke Catholic School

Student Name:	
Student Home Address:	
Name of Current School:	
Current Grade: Applying for Grade:	_ for Academic Year:
I give my permission for the personnel of	rded to Roanoke Catholic School.
<b>SCHOOL:</b> Please return a copy of this form with the following documentation directly to Roanoke Catholic School so that we can make an admissions decision. If any item does not relate to this applicant, please check "Not Applicable." <b>Please note that applying for admission does not guarantee acceptance. Please</b> <b>retain copies of all documents for your records and</b> <u>keep the student enrolled at your school for now</u> .	
-Transcripts of Elementary/Middle/High School grades, grading scale, and credits earned -Most recent report card -Current grades -Records from previous schools -Standardized test scores (SOLs, PSAT, SAT, competency tests, etc.) -Confidential Records (Psychological, Psychiatric, IEP/504, Custodial Orders, etc.) -Disciplinary Records	<ul> <li>Included Not applicable</li> </ul>

Please fax or mail records to Meredith Galazka, Dean of Enrollment Management & Financial Aid, admissions@roanokecatholic.com

Roanoke Catholic School | 621 N. Jefferson St. | Roanoke, VA 24016 Phone: 540-982-3532 | Fax: 540-345-0785 | www.roanokecatholic.com