



Parent Section

Please fill in the information on the top portion of this form and submit it to the Principal or Director of your child's current school.

Student's Name _____

Current School (City/State) _____

School Phone _____ Current Grade/Class _____ Applying for Grade _____

I authorize the release of school records and teacher recommendations to Grace Episcopal School. I understand that the recommendations are confidential and will not be made available for parent or student review.

Parent Signature _____ Date _____

School Section

The child noted above has applied for admission to Grace Episcopal School. Please send the following records and information:

1. A transcript of all grades and courses for the past two years and the most recent report card. If the applicant is in preschool, please provide a report of the applicant's developmental progress and performance.
2. Scores of any standardized ability, I.Q., achievement tests and psychological or speech evaluations. Please include the date administered, and provide percentiles and stanines when possible.

Please email these materials to admissions@graceschoolalex.org.

OR mail to: Grace Episcopal School
Office of Admissions
3601 Russell Road
Alexandria, VA 22305

Principal or Director

Please evaluate the applicant by marking the appropriate space below. You may use the back of this form or attach a separate sheet of paper for additional comments regarding applicant's academic potential, personal characteristics and/or developmental progress. Thank you for your assistance. Please call the Admissions Office at 703-549-5067 with any questions.

	Excellent	Good	Fair	Poor
As a Student:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a Person:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____ Title _____ Date _____