

## **AL-QALAM ACADEMY**

6666 Commerce St. Springfield, VA 22150. Email: <u>darulhudaoffice@gmail.com</u> Ph: 703-924-6000

## **Release of School Records**

Please fill in the information requested below and submit this form to the Principal or Guidance counselor of your child's current school.

Name of Student: -	
Current Grade in school Applying for Entra	ance to Grade
Name of guidance/counselor at previous school Contact Ph.:	
I authorize the release of school records and teacher Academy of VA. I understand that the recommend will not be made available for student or parental records.	ations and records are confidential and
Signature of Parents / Guardian	Date

## To the School:

## Please send the following records and information

- A transcript of all courses and grades for the past two years and for the current school year through January, including the most recent report card.
- Scores of any IQ, standardized ability and achievement tests, indicating grade and date when tests were taken.
- Copy of valid birth certificate, copy of valid passport or equivalent and up dated health record.

Please send in all requested materials to:

The Admission Committee Al-Qalam Academy 6666 Commerce St, Springfield, VA 22150.