



Date \_\_\_\_\_  
(Fecha)

\_\_\_\_\_  
Student Name (Estudiante Nombre) Birthdate (Cumpleaños) Grade (Grado)

The above named student is registering with the Manassas City Public Schools, Osbourn High School. Please forward the following information at your earliest convenience.

- ✓ COMPLETE ACADEMIC OFFICIAL TRANSCRIPT  
(8th through 12th grade, with any withdrawal grades.)
- ✓ TEST SCORES AND VA STATE TESTING NUMBER  
(Please send Virginia SOL and ESOL results including current **WIDA SCORES**.)
- ✓ IMMUNIZATION RECORDS (\*Signed by a medical professional)
- ✓ DISCIPLINARY RECORDS
- ✓ GRADING SCALE
- ✓ INDIVIDUALIZED EDUCATIONAL PLAN  
(Educational Evaluation, Sociological Evaluation, Speech and Language Evaluation, Gifted & Talented Plan, Special Placement information, \*Testing Packet, Review Min, Complete IEP with Signature page, and Eligibility)

\_\_\_\_\_  
Parent/Guardian Signature  
Firma del Padre

\_\_\_\_\_  
Michele Edwards, Registrar  
**571.377.7033 fax 703.257.8555**

Name of Former School: \_\_\_\_\_  
(Escuela Previa)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Parental permission is no longer required when records are requested by authorized school personnel. Family Education Rights and Privacy Act, Final Rule on Education Records. Federal Registrar, June 17, 1976, Vol. 41, No. 188, page 24673.