

TRANSCRIPT/TESTING REQUEST

CHRISTCHURCH SCHOOL

Office of Admission
49 Seahorse Lane
Christchurch, Virginia 23031
Phone: 804-758-2306 Fax 804-758-0721
admission@christchurchschool.org

SUBMIT THIS SIGNED FORM TO THE REGISTRAR OF APPLICANT'S PRESENT SCHOOL

Applicant Name _____
FIRST MIDDLE LAST

Registrar Name _____
PHONE EMAIL

School Name _____

School Address _____
STREET CITY STATE ZIP CODE

The above-named student at your school has made application to Christchurch School. I hereby request that you forward an official copy of his/her transcript, all teacher reports, and any standardized/psychological/educational testing available to the address above.

If this student is admitted to Christchurch School at the end of this year, we will request a final transcript of the student's record. Please hold a copy of this authorization form on file so that a second form will not be necessary.

PLEASE SUBMIT THESE MATERIALS WITH THIS REQUEST FORM:

- TRANSCRIPT REFLECTING ALL HIGH SCHOOL CREDITS EARNED
- FINAL OR MID-SEMESTER GRADES FOR CURRENT TERM (MUST BE INCLUDED)
- STANDARDIZED TEST SCORES
- EDUCATIONAL/PSYCHOLOGICAL EVALUATION, 504 PLAN, IEP
- A SCHOOL PROFILE, IF AVAILABLE

PARENT / GUARDIAN NAME

SIGNATURE

DATE