



Village School

Middle School for Girls

REQUEST FOR RELEASE OF ACADEMIC RECORDS

Parents: Please complete this form, being sure to sign and date it, and take it to your daughter's current school. Thank you!

TO:

Name of School

MAILING ADDRESS:

STUDENT'S FULL NAME: _____

DATE OF BIRTH: _____

This student is seeking enrollment at Village School. Please send to Village School a transcript of academic records, including the following:

*Record of all academic work from the past two years, including teacher comments, if available

*Standardized testing results from the past two years

*Immunization records

*Any diagnostic results and recommendations made by qualified professionals which will help meet the social, emotional, and/or academic needs of the student

Please send these items to:

Village School
215 E. High St.
Charlottesville, VA 22902
Fax: (434) 984-6056
info@villageschool.us

Parent's Signature

Date