

Date: _____

_____ (*student name*) has applied for enrollment in the _____ grade at Redeemer Classical School. Please send a complete transcript (photocopies) of grades, test results, medical forms, cumulative records, and any other pertinent information you may have which will enable us to assist the student in his or her enrollment process at our school.

Thank you for your prompt attention to this important matter.

Sincerely,
Teresa Patton, Principall/Academic Director

I give permission for the release of all records pertaining to my child, _____.

Please send the records to:
Redeemer Classical School
P.O. Box 737
Harrisonburg, VA 22803
Attn: Student Transcripts

SIGNATURE OF PARENT OR GUARDIAN

DATE

Name of Last School Attended: _____

Street Address/PO Box: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

