

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,

*B. H. Augustine*, Ph.D., Chairman of the Board

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: \_\_\_\_\_