Request for Release of Academic Records

Dear Parent: Please complete the upper portion of this form and give it to the appropriate official at the applicant's current school.

My child, _____, is an applicant for admission to New Hanover Christian School. I authorize _____ to release his/her records to New Hanover Christian School. (Current school)

_____
Signature of parent/guardian Date

Dear Principal or Counselor: This student has applied to New Hanover Christian School. Please complete this form and provide a transcript of his/her grades for the current year to date and the previous two years (if applicable). Please include the results of all standardized testing. Please include any IEP forms. Please include health forms. Information may be mailed to: New Hanover Christian School, 10058 Chamberlayne Ave., Mechanicsville, Va. 23116 or faxed to: 804-730-7509 (Att: Janet Rusz)

Name of School: _____ Phone: _____

Principal: _____ Public ___ Private___

Address: _____

Please rate the applicant with regard to general conduct:

( ) excellent ( ) good ( ) fair ( ) poor

Has it ever been necessary to suspend or expel the applicant? _____ If yes, please explain. _____

Has the applicant ever been diagnosed as learning disabled? _____

Has the applicant demonstrated good study and work habits at your school? _____

Has the applicant had a good attendance record? _____

Please use the back page to indicate strengths or weaknesses we should consider.

_____
Signature Title Date