



REQUEST FOR SCHOOL RECORDS

Lynnhaven Academy is an independent day school. We are located at 1000 Westover Hills Blvd, Richmond, VA 23225.

TO THE SCHOOL OFFICIAL:

_____ has applied for admission at Lynnhaven Academy. In order to help us make our admission decision for this child, we would be grateful if you can provide the information requested below. Please complete the front side of this form and attach the requested documentation. You may fax the records to 804-750-2301. Our mailing address:

Lynnhaven Academy 1000 Westover Hills Blvd Richmond, VA 23225.

Thank you for taking the time to help us and the student.

Casey Hitchcock, M.Ed., Head of School

Name of Current School: _____

School Address: _____

School Telephone: _____

School Fax: _____

Date of School Entry: _____ Previous School: _____

Please attach this sheet to the records requested below and return to Lynnhaven Academy.

1. A copy of the school's grading system
2. Academic records for the period of enrollment
3. Attendance records for the period of enrollment
4. Exceptional children's records (if any)
5. Transfer records (if the child transferred from a previous school)
6. A copy of all psychological evaluations, including test results (if any)
7. Any comments from the teacher, guidance counselor, or other appropriate staff

I hereby authorize the release of the information requested by Lynnhaven Academy.

Name of Parent or Guardian: _____ Date: _____

Parent Signature: _____ Date: _____