

TRANSCRIPT REQUEST

First – Eighth Grade Applicants

THE FOLLOWING STUDENT HAS APPLIED FOR ADMISSION:

Applying for September _____ Grade Level _____

Last	First	Middle	Date of Birth
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PARENTS: please complete and sign this form and then submit it to your child's school.

TO THE SCHOOL

Please send the following information to St. John's School before September, or as soon as your grading period is completed.

Copy of student's transcript and grades available.

Copy of current year's report card.

Copy of any standardized tests taken during the last three years.

Copy of the students' Immunizations Record

Thank you for your assistance.

**MAIL TO: St. John's Episcopal School
Office of Admissions
760 First Ave.
Chula vista, CA 91910
Or Fax to: (619) 422-6946**

I hereby give permission to release copies of the above-named student's cumulative records.

Parent/Guardian signature

Date