

Director of Admissions 306 West 78th Street Chanhassen, MN 55317 Phone: (952)949-9014 Fax: (952)949-3871

Email: admissions@chapel-hill.org

REQUEST FOR SCHOOL RECORDS

Parents: Complete this & submit to your child's current/previous school. Records are sent directly school-to-school Student Name:	
School Phone:	School Fax:
The following records are requested	I for release:
Academic grades (includi	lame, Address, Birth date, Schools, grades attended, ing cumulative grades and current year report card) nent , Aptitude or Interest Test Scores
• IEP, ISP, 504 Plan, Acad	lemic Assessment Report
Psychological Testing R	Reports, if any
Health Data and Card	
Attendance Records, Re	ecords of Discipline, Suspensions or Expulsions
Any other pertinent info	ormation
This information is requested because the st Chapel Hill Academy agrees not to release tl	tudent named has applied for admission to Chapel Hill Academy. his information to any other party without express written approval.
Permission to	Release Requested Information
l, the undersigned do give permis above for the student named bel	ssion for the release of the information requested ow:
Student Name	Current Grade
Parent Signature	

Chapel Hill Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs and athletic and other school-administered programs.