

Director of Admissions 306 West 78th Street Chanhassen, MN 55317

Phone: (952)949-9014 Scan and email to: admissions@chapel-hill.org

REQUEST FOR SCHOOL RECORDS

Student Name: Current School Name and Address:			
		School Phone:	School Fax:
		The following records are requested for r	release:
Academic grades (including cu	, Address, Birth date, Schools, grades attended, umulative grades and current year report card) , Aptitude or Interest Test Scores		
• IEP, ISP, 504 Plan, Academic	: Assessment Report		
 Psychological Testing Report 	rts, if any		
Health Data and Card			
Attendance Records, Record	ls of Discipline, Suspensions or Expulsions		
 Any other pertinent information 	ation		
This information is requested because the student Chapel Hill Academy agrees not to release this info	named has applied for admission to Chapel Hill Academy. ormation to any other party without express written approval.		
Permission to Rel	ease Requested Information		
I, the undersigned do give permission above for the student named below:	for the release of the information requested		
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.