

Today's Date

\_\_\_ / \_\_\_ / \_\_\_



**REQUEST FOR STUDENT RECORDS**

The student/s listed below has/have applied to The Anthony School.

Name \_\_\_\_\_ DOB \_\_\_ / \_\_\_ / \_\_\_ Grade Applying For \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_ / \_\_\_ / \_\_\_ Grade Applying For \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_ / \_\_\_ / \_\_\_ Grade Applying For \_\_\_\_\_

Please send copies of all available records listed below. Please include any confidential information that may be useful to professional educators.

\_\_\_ Attendance  
\_\_\_ Academic

\_\_\_ Health & Immunization  
\_\_\_ Psychological

\_\_\_ Standardized Testing  
\_\_\_ Behavioral/Disciplinary

SCHOOL HISTORY			
YEAR	GRADE	SCHOOL	ADDRESS

Please fill out the name and address of the school from which records are requested.

School Name \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The parent/guardian of the above listed student(s) has granted permission for the release of the records as indicated by the signature below.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

Please forward these records to:  
 The Anthony School  
 7700 Ohio Street  
 Little Rock, AR 72227  
 Attention: Admissions Office  
 Email: [admissions@anthonyschool.org](mailto:admissions@anthonyschool.org) Fax: 501-225-2149