

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 Fax: 501-225-2149