REGENTS SCHOOL OF CHARLOTTESVILLE

200 Bob Finley Way Charlottesville, VA 22903 434-293-0633 www.regents-school.org Email:admissions@regents-school.org

TRANSCRIPT RELEASE AUTHORIZATION
&
PRINCIPAL/HEADMASTER OR
GUIDANCE COUNSELOR
QUESTIONNAIRE

Parents:

- Please give this pre-printed form to your current principal, head of school or counselor.

- The school official should complete this form and send it along with grade and testing information to Regents School.

- The school may return it by mail Regents School of Charlottesville, 200 Bob Finley Way Charlottesville, VA 22903 or email a copy to admissions@regents-school.org.

My child is an applicant for admission to Regents School of Charlottesville. I hereby authorize you to release any of the following applicable records to Regents School: a copy of the complete transcript, current report card, and any standardized test results. Please send all information directly to the Admissions Office at Regents School of Charlottesville.

Name of Applicant:	firs	t middle last	
Date:	Current Grade Level:	Applying to Grade:	Name of Current School:
			School Phone:
	signature of pa	rant data	

signature of parent date

Administrators:

Thank you for taking time to complete this evaluation. Regents School appreciates an honest assessment of the above named student. All information will be kept confidential, will not be released, nor will it become a part of the applicant's permanent record. Please return this form with the other materials directly to Regents School of Charlottesville, 200 Bob Finley Way, Charlottesville, VA 22903.

Name of School Official (please print) Signature of School Official

Title School

Email Address Telephone

Mailing Address

Please submit the following with this recommendation:

- Current year grades
- Grades from previous three years, if available
- Standardized test scores

- School profile, if available

How many students are in the entire grade?

Please comment on the applicant's attitude toward school.

To your knowledge, does the student have any history of conduct or behavior problems? \Box Yes \Box No If yes, please explain:

Has this student ever been dismissed, suspended, placed on probation, or received other serious disciplinary sanction? \Box Yes \Box No If yes, please explain:

Does the applicant have a history of any learning disabilities? \Box Yes \Box No Does he/she require special assistance to meet academic requirements?

What are the first three words that come to mind to describe this student?

1. ______ 2. _____ 3. _____

Additional comments, if needed: