

REGENTS SCHOOL OF CHARLOTTESVILLE

2010 Coram Deo Drive
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, 2010 Coram Deo Drive 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 applicable records to Regents School. Please send all information directly to the Admissions Office at Regents School of Charlottesville.

Name of Applicant: _____
First _____ Middle _____ Last _____

Date: _____ **Current Grade Level:** _____ **Applying to Grade:** _____

Name of Current School: _____

School Phone: _____

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) _____

Title School _____

Signature of School Official _____ **Date** _____

Email _____ **Telephone** _____

Mailing Address _____

See Reverse

Please submit the following with this recommendation:

- Academic Transcript (Previous and Current Grades and Comments; Records from Previous Schools)
- Standardized Test Results
- Attendance Records
- Disciplinary Records
- Health and Immunization Records
- Birth Certificate
- Any Psychological or Education Testing Results
- Documentation of Special Services (e.g. Speech; Occupational Therapy; Accommodations Plan; Counseling; Etc.)

How well do you know the student academically? _____ As a person? _____

School serves grades: _____ to _____ Number of students in entire school: _____

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? Yes No If yes, please explain:

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

Does the applicant have a history of any learning disabilities? Yes 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: