

The Covenant School
TRANSCRIPT RELEASE FORM
FOR APPLICANTS TO THE COVENANT SCHOOL:

TO THE PARENT:

Parents: Please complete the section below and **submit it to the applicant's current school** to give authorization for the necessary records to be sent to The Covenant School Admissions Office.

Student _____ Current Grade _____

Present School _____

Date of Birth _____ Proposed date of withdrawal _____

Parent's Signature _____ Date _____

TO THE SCHOOL REGISTRAR:

Please release and send the following records to The Covenant School:

(Check boxes below of records included. Immunization records are required prior to enrolling)

- Complete transcript with grades
- Standardized test scores
- Disciplinary records
- School entrance physical
- Immunization records
- Birth certificate

Teacher Recommendation Forms

(To be completed by teacher and returned separately to The Covenant School)

Please send this student's records directly to:

The Covenant School Admissions Office
175 Hickory Street
Charlottesville, Virginia 22902
Phone 434-220-7330
Fax 434-979-3204
Email dharris@covenantschool.org

