

BROOK ROAD ACADEMY

at St. Joseph's Villa

Request for Release of Academic Records

To: _____

Name of School _____

Mailing Address _____

Student's Full Name

Date of Birth _____ Applying for Grade _____

This student is seeking enrollment at Brook Road Academy. Please send a transcript of academic records to Brook Road Academy, including the following:

- Record of all academic work, including teacher comments
- Standardized test results
- Immunization records
- Attendance records
- Discipline records
- Any diagnostic results and recommendations made by qualified professionals that will help meet the social, emotional, and academic needs of the student.

Parent/Guardian Signature

Date

Please send these items as soon as possible to: St. Joseph's Villa
Brook Road Academy
Attn: Elisabeth Rigsby, Head of Academy
8000 Brook Rd.
Richmond, Va. 23227

5/19/2009

