

St. Michael's Episcopal School

Request for Transcript or Evaluative Report

(To accompany application for admission.)



Applicant's name _____ Current Grade _____

The undersigned hereby authorize you to release to St. Michael's Episcopal School all information requested about the applicant's academic and/or personal records for use in connection with the application for his/her admission to St. Michael's Episcopal School. The inclusion of report cards, standardized test scores, and the immunization form would be especially helpful.

Current School _____

Director, Principal, Guidance Official _____

Address of School _____

Telephone _____ Fax _____

Signature of Parent or Guardian _____

Date _____

Mail forms to:

Director of Admissions
St. Michael's Episcopal School
8706 Quaker Lane
Richmond, VA 23235
804.272.3514
804.323.3280 fax