

Precept Schools of Virginia
Records Release Form

1987 Big Island Highway - P.O. Box 1228 - Bedford, VA 24523 - (540) 586-6729

To be completed by parent or guardian:

Please fill out this form and give it to the registrar of your child's current school.

Applicant's Name: _____

Applicant's SSN: ____ - ____ - _____

Student Home Address

Current Grade _____ *Applying Grade* _____ *Current School*

In accordance with federal regulations regarding the privacy rights of parents and students under The Family Educational and Privacy Act of 1974, the undersigned hereby consents to the release to Precept Schools of Virginia of all educational records about the above named individual who is applying to Precept Schools of Virginia, including recommendations and other such information as may be requested.

Signature of Parent or Guardian

Date

To the admissions officer

The above named student has submitted an application to attend Precept Schools of Virginia. We would appreciate your promptly sending the following items:

- 1. A transcript of the student's record, including any current grades*
- 2. A copy of the student's complete standardized test profile*
- 3. A copy of all psychological reports*
- 4. A copy of any Individualized Special Education Plans*
- 5. A copy of any disciplinary notices*
- 6. A copy of immunization and health records*

Please mail to:

*Attn: Admissions Department
Precept Schools of Virginia*

*P.O. Box 1228
Bedford, VA 24523*