



REQUEST FOR COPIES OF ACADEMIC RECORDS

Parents: Please complete this form, being sure to sign and date it, and take it to your child's current school. Thank you!

TO: _____
Name of School

MAILING ADDRESS: _____

STUDENT'S FULL NAME: _____

DATE OF BIRTH: _____

This student is seeking admission to Wichita Collegiate School. So that we may evaluate his or her eligibility for enrollment, please send to Wichita Collegiate a transcript of academic records, including the following:

- Record of all academic work from the past two years, including teacher comments if available
- Standardized testing results from the past two years
- Any diagnostic results and recommendations made by qualified professionals that will help meet the social, emotional, and/or academic needs of the student

Please forward these items to:

Susie Steed
Director of Admission and Communication
Wichita Collegiate School
9115 East 13th Street
Wichita, Kansas 67206

or fax them to (316) 634-0598

Date

Parent's signature