



school records request

TO THE PARENTS OF THE APPLICANT

Please complete and send this form to your child's current or most recent school (not Sun Valley Community School), after January 1. Please print clearly.

To: _____
(Applicant's Current School)

(School Email Address)

Re: _____
(Applicant's Name) *(Applicant's Birthdate)*

(Applicant's Address)

Date records need to be received: _____

For the student named above, I authorize the release of school records, including an official transcript of all grades for the past three years as well as the results of academic testing by signing below. I acknowledge that I waive my right to read the confidential teacher recommendations.

Signature _____ Date _____

Dear School Registrar,
The student named above, who is currently enrolled in your school or who recently attended your school, is an applicant for admission to Sun Valley Community School. We would appreciate receiving copies only of:

- + Report Cards (and comments if available) for the past 3 academic years
- + Standardized Testing (if available)
- + Official Transcript (if available)
- + Immunization Records

Thank you for your assistance.

FOR MORE INFORMATION, PLEASE CONTACT US AT
admissions@communityschool.org + 208.622.3960, ext 174 + communityschool.org