



CHELSEA  
ACADEMY

## REQUEST FOR ACADEMIC RECORDS

PARENTS: Please complete this section before submitting the form to your child's current school for release of the requested academic records.

Student's Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Current School: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SCHOOL REGISTRAR OR COUNSELOR: The student above has applied for admission to Chelsea Academy. Please provide the information requested below by completing this form or using your own. All information will remain confidential. **\*Official transcript, if applicable, is required for Grades 9-12.\***

I. ATTENDANCE                      Current Year (to date)                      Prior Year

Days Absent                      \_\_\_\_\_                      \_\_\_\_\_

Days Tardy                      \_\_\_\_\_                      \_\_\_\_\_

II. GRADES                      Current Year (to date)                      Prior Year

English                      \_\_\_\_\_                      \_\_\_\_\_

Math                      \_\_\_\_\_                      \_\_\_\_\_

History                      \_\_\_\_\_                      \_\_\_\_\_

Science                      \_\_\_\_\_                      \_\_\_\_\_

III. ACADEMIC STANDING

1. How many students are in the candidate's grade? \_\_\_\_\_

2. In which quarter of these students does the candidate rank academically? (Circle one.)

Top Quarter      Second Quarter      Third Quarter      Bottom Quarter

IV. STANDARDIZED TEST SCORES

Please enclose a copy of any recent standardized test results.

Person completing form: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to the following address:  
Chelsea Academy, 4 Family Life Lane, Front Royal, VA 22630