

REQUEST FOR SCHOOL RECORDS

14917 9th Avenue Court East, Tacoma, WA 98445 * (253) 535-2522 * E-mail imagination@frugal.com

Parent or Guardian of the applicant: _____

To the Parent: Please complete the upper portion of this form for the applicant. The entire form is then returned to Imagination School of Education with the Application of Admission.

Name of Applicant: _____

Present grade: _____ School now attending/last attended: _____

SCHOOL ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

I hereby give permission to the school listed above to release information to Imagination School of Education, as requested below.

Signature of the Applicant's Parent or Guardian: _____ Date: _____

The lower portion of this form is to be completed by Imagination School of Education Admissions. The entire form is then forwarded to the applicant's current/former school.

To the Office of the Registrar:

The student above, who is currently enrolled at your school, or who recently attended your school, is a candidate for admission to Imagination School of Education for school year _____. We would appreciate **COPIES ONLY** of grade reports, standardized test scores, teacher comments and other confidential information you feel might be helpful to us in order to evaluate her/his academic ability and social development.

Date requested by ISE: _____ Date returned to ISE: _____

HEAD OF SCHOOL

The student named above has been accepted by Imagination School of Education and will be enrolled in _____ school year. Please send us her/his permanent file (ALL ORIGINAL PAPERS/DOCUMENTS) at your earliest convenience. Thank you.

Date requested by ISE: _____ Date returned to ISE: _____

HEAD OF SCHOOL

**Thank you for your assistance. Please return this original form along with the materials we have requested.
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