



## Request for Records

Parents: Please complete this form, being sure to sign and date it.  
Return this form with your application.

TO:

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Mailing Address

Student's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

This student is seeking enrollment at Orchard House School. Please send to Orchard House School a transcript of academic records, including the following:

- Record of all academic work (report cards), including teacher comments;
- Standardized testing results;
- Immunization records;
- Any diagnostic results and recommendations made by qualified professionals which will help meet the social, emotional, and/or academic needs of the student.

Please send these items to:

Orchard House School  
Attention: Melody Imburg  
500 North Allen Avenue  
Richmond, Virginia 23220  
Phone: 804.228.2436 ext.105  
Fax: 804.228.1069

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*Viggo Identity*