

CHESAPEAKE ACADEMY Student Records Release Form

CONFIDENTIAL *(please print or type information)*

Name of Head or School/Director/Principal: _____

Name of Guidance Counselor _____

Present School _____ Public or Private (please circle one)

Phone _____ Fax _____

Student's Present Grade _____ Date of Birth _____

_____ has applied for admission to Chesapeake Academy
(Student's Full Name)

for grade _____ for the _____ academic year.

Please forward the following REQUIRED information:

1. Grade Reports (including comments) for each year (K-8)
2. Standardized Test Scores for each year (K-8)
3. Health Forms (including immunization records)
4. Attendance Records (K-8)

If available, please also send the most recent Psychological Evaluation, Educational Evaluation, or Individual Educational Plan

**PLEASE SEND RECORDS TO THE ATTENTION OF:
Hilary Scott, Director of Admissions
Chesapeake Academy**

107 Steamboat Road Post Office Box 8 Irvington, Virginia 22480
(804) 438-5575 (804) 438-6146 FAX
www.chesapeakeacademy.org