RIDGEVIEW
CHRISTIAN SCHOOL

TRANSCRIPT REQUEST

To whom it may concern:

Please send the requested information for the following student who has enrolled at Ridgeview:

_____	_____	_____
Name of Student	Birthday	Grade Completed

- ☐ Copy of transcript/scholastic record
- ☐ Standardized test scores
- ☐ Key to grading system
- ☐ Discipline/Attendance record
- ☐ Withdrawal grades, if transferring mid-year
- ☐ Social security number
- ☐ Copy of Birth Certificate or certificate number
- ☐ Immunization record and physical
- ☐ IEP and Category II information - If applicable

Thank you for your assistance,

Summer Woody
Ridgeview Guidance

AUTHORIZATION

I hereby authorize: _____
Name of previous school

Parent's Signature:_____

Date: _____

All records should be sent to:

Ridgeview Christian School
ATTN: Guidance
PO Box 477
Stuarts Draft, VA 24477

Ridgeview Christian School - 124 Ridgeview Drive - PO Box 477 - Stuarts Draft, VA 24477 - (540) 337-1025