



Guidance Counselor/Principal,
 Please email or fax the following items to:
Cristo Rey Richmond High School
ADMISSIONS OFFICE
Office: 804.447.4704
admissions@crestoreyrichmond.org

REQUEST FOR RECORDS

Date: ___/___/___

Dear Parent/Guardian,
 Please sign this consent form and return it to Cristo Rey Richmond **OR** give to your student's **CURRENT** school.

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I hereby grant permission for _____ (Name of Current School)

to forward copies of the following information contained in the records of

_____ (Name of Student) to Cristo Rey Richmond High School.

_____ *Printed Name of Parent/Guardian*

_____ *Signature of Parent/Guardian*

_____ *Parent/Guardian Phone Number*

Dear School Administrator: This is a transcript release form for a student currently enrolled in your school and who has applied to enter Cristo Rey Richmond High School. Before we can schedule their interview, we will need a copy of the following items:

- Final report card from the previous school year
- Report cards to date for the current school year (first quarter grades required)
- IEP records or 504 records (if applicable)
- WIDA test results (if applicable)
- Student disciplinary record (including suspensions, expulsions and withdrawals)
- Standardized test scores from last three years
- Attendance records
- Immunization records

Please email, or fax the above documents to:

Cristo Rey Richmond High School ADMISSIONS OFFICE
 304 N. Sheppard Street
 Richmond, VA 23221
Office: 804.447.4704 Fax: 804.447.4865
admissions@crestoreyrichmond.org





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Solicitud De Registros

Fecha: ___/___/___

Querido Padre/Guardián,
 Por favor firme este consentimiento y envíelo a Cristo Rey Richmodn o la escuela **ACTUAL** de su estudiante.

 Doy permiso para que _____ (Nombre de Escuela Actual)

envíe copias de la siguiente información contenida en los registros de
 _____ (Nombre de Estudiante) a la escuela Cristo Rey Richmond High School.

_____ Nombre del Padre/Guardián

_____ Firma del Padre/Guardián

_____ Numero de teléfono del Padre/Guardián

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