



New Bridge Academy Request For Release of Academic Records

Dear Parent: Please complete the upper portion of this form and give it to the appropriate official at the applicant's current school.

My child, _____, is an applicant for admission to New Bridge Academy. I authorize _____ to release his/her records to New Bridge Academy.
(current school)

Signature of Parent or Guardian

Date

Dear Principal or School Counselor: This student has made application to **New Bridge Academy**. Please complete this form and provide a transcript of his/her grades for the current year to date and the two previous years (if applicable). Please include the results of all standardized testing. Please keep a copy of the parent's release on file so that we may request first term and final grades where applicable. Information may be mailed to **5701 Elko Road, Sandston VA, 23150**. This form will NOT become a part of the applicant's permanent record. Thank you for your assistance.

Name of School: _____ Phone: _____
Principal/Headmaster: _____ Public Private
Address: _____

Please rate the applicant with regard to general conduct:
Excellent Good Typical Fair Poor

Has it ever been necessary to suspend or expel the applicant? Yes No
If yes, please explain.

Has the applicant ever been diagnosed as learning disabled? Yes No
Has the applicant demonstrated good study and work habits at your school? Yes No
Is this student's academic record a reliable index of his/her potential? Yes No

How do you rate the applicant's academic potential?
Excellent Above Average Average Below Average Poor

Do you recommend this student?
Strongly Recommend Yes With reservation No

Please use the back page to indicate any strengths or weaknesses that we should consider and to add any additional comments that will be helpful in evaluating this applicant.

Signature

Title

Date