



KING'S VIEW ACADEMY

SCHOOL RECORDS REQUEST

PART C

PART I - (To be filled out by parent or guardian.)

Applicant's Full Name/ SIN #

Street Address/ City/ Province/ Postal Code

Phone/ Fax/ e-mail (include area code)

Full Name of School/ Office Phone/Fax/email (include area code)

Street Address/ City/ Province/ Postal Code

Parent or Guardian Signature

Date

I hereby authorize that school records for the applicant above be sent to King's View Academy.

Student Signature

Date

I hereby authorize that my school records be sent to King's View Academy.

PART II - STANDARDIZED TESTS RECORDS

Please provide the results of any standardized testing regarding the applicant. Attach test results on a separate sheet of paper.

Has an educational assessment of this student been done by this school? If so please forward a copy of the results.

___ Yes ___ No

Are you aware of any outside testing done for this student?

___ Yes ___ No

PART III - OFFICIAL TRANSCRIPTS

Please attach the applicant's official transcripts, and we ask that you give at least two years of transcripts and include present elections.

Please explain the grading system if other than A, B, C, D, E

Please explain if courses are other than college preparatory such as special education, learning disabled, etc. You may attach a separate sheet if necessary.

PART IV - SIGNATURE OF SCHOOL OFFICIAL

Signature of School Official/ Date

Print Name Above/ Title/ Name of School

Office Phone/ Fax/ e-mail (include area code)

Street Address/ City/ Province/ Postal Code

PART V - ADDITIONAL COMMENTS

We invite you to add any summary appraisal or observation about this student. You may attach a separate sheet if necessary.

Please send admissions materials to:

Admissions
King's View Academy
6199 Chebucto Road
Halifax, Nova Scotia, Canada, B3L 1K7
Tel 902-429-5434 Fax 902-429-5433
Email: admin@KingsViewAcademy.com
Web Site: <http://www.KingsViewAcademy.com>