

SCHOOL RECORDS REQUEST FORM



PART C

STUDENT INFORMATION

Applicant's Full Name

SIN #

Street Address / City / Province / Postal Code

Phone / Fax / Email (include area code)

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

Street Address / City / Province / Postal Code

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

Parent or Guardian Signature

Date

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

Student Signature

Date

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?

Yes No

If yes, please forward a copy of the results.

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

Yes No

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.

SIGNATURE OF SCHOOL OFFICIAL

Signature of School Official

Date

Name / Title / Name of School

Office Phone / Fax / Email (include area code)

Street Address / City / Province / Postal Code

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

www.KingsViewAcademy.com