

## School Report and Transcript Request Form (Division IV and V Applicants)

Full Legal Name \_\_\_\_\_ Current Grade \_\_\_\_\_

I hereby authorize release of information requested by Renaissance Academy for my son's/daughter's application.

Parent's or guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

## School Report and Transcript

**Directions:** Please provide an official copy of the student's transcripts for the past two years, including any standardized testing.

Name of School Official \_\_\_\_\_ Position \_\_\_\_\_

Name of School \_\_\_\_\_ School Phone # \_\_\_\_\_  
area code number

School Address \_\_\_\_\_  
number street city state zipcode

Signature \_\_\_\_\_ Date \_\_\_\_\_

The Admissions Committee appreciates the time and effort needed to provide the information requested by this form.

Please fax this form along with the transcripts/testing information requested to: 719-475-2514,  
or send to:

If you have any questions, please contact Renaissance Academy.

I would like to receive more information about Renaissance Academy. \_\_\_\_\_