



STUDENT RECORDS RELEASE FORM

CHESAPEAKE ACADEMY
107 Steamboat Road, PO Box 8
Irvington, Virginia 22480
804.438.5575 (Voice) 804.438.6146 (Fax)
www.chesapeakeacademy.org

Name of Head of School/Director/Principal: _____

Name of Guidance Counselor: _____

Present School: _____ **School Type (Circle):** Public Private

School Address: _____

Phone: _____ **Fax:** _____

Student's Present Grade: _____ **Date of Birth:** _____

_____ has applied for admission to Chesapeake Academy for
(Student's Full Name)

Grade _____, for the 2008-2009 academic year.

Please forward the following REQUIRED information: Grade Reports (including comments) for each year (K-8), Standardized test scores for each year (K-8), Health Forms (including immunization records), and attendance. If available, send the most recent Psychological Evaluation, Educational Evaluation, or Individual Educational Plan.

Send records to the attention of:
Hilary Scott
Director of Admissions
Chesapeake Academy
107 Steamboat Road, Box 8, Irvington, VA 22480

I hereby grant permission for the release of the above records and any other information that may be useful for admissions and educational planning concerning my child.

Signature, Parent/Guardian

Date (Month/Day/Year)

Printed Name