



# TRINITY SCHOOL at MEADOW VIEW

2849 Meadow View Road ▪ Falls Church, VA 22042 ▪ 703-876-1920

## Request for Information from Current School

### PART I

#### Parent or Guardian

1. Please complete part I of this form.
2. Please present this form to the principal or guidance director of the student's current school to complete part II.

Student's Name \_\_\_\_\_ Present Grade \_\_\_\_\_

Current School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The above-named student is in the process of making an application to Trinity School. Please release all records that are requested by the school to the director of admissions at Trinity School.

Thank you for your cooperation.

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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### PART II

#### Principal or Guidance Director of the Student's Current School

Please mail the following to Trinity School:

1. A complete transcript of credits, showing all credits earned and grades received. If a class did not receive full credit, please attach an explanation.
2. Attendance, tardiness, discipline and health records.
3. Results of all standardized tests taken, including such things as IQ tests, Metropolitan Achievement Tests, etc.

Thank you for your prompt consideration of this request.