



WICHITA  
COLLEGIATE  
SCHOOL

## REQUEST FOR COPIES OF ACADEMIC RECORDS

Parents: Please complete this form, being sure to sign and date it, and take it to your child's current school. Thank you!

TO: \_\_\_\_\_  
Name of School

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

STUDENT'S FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

This student is seeking admission to Wichita Collegiate School. So that we may evaluate his or her eligibility for enrollment, please send to Wichita Collegiate a transcript of academic records, including the following:

\_\_\_\_\_ Record of all academic work from the past two years, including teacher comments if available

\_\_\_\_\_ Standardized testing results from the past two years

\_\_\_\_\_ Any diagnostic results and recommendations made by qualified professionals that will help meet the social, emotional, and/or academic needs of the student

Please forward these items to:

Susie Steed  
Director of Admission and Communication  
Wichita Collegiate School  
9115 East 13th Street  
Wichita, Kansas 67206

or fax them to (316) 634-0598

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's signature