



LAGRANGE ACADEMY

TRANSCRIPT REQUEST

In order to evaluate your child's application to LaGrange Academy, we must have a transcript from his or her present school. Please complete the following release form and submit it to your child's current school.

Full name of student _____ Date of birth _____

Social Security Number _____ Applying for grade _____

Beginning school year _____ Current grade _____

Current school _____

Complete address of school _____

Dates attended _____

I authorize the release of my child's transcript to LaGrange Academy. It must include a birth certificate, immunization records, current grades, conduct information and standardized test scores.

Date _____ Signature of parent/guardian _____

**Requested material should be mailed to: Attention: Admissions
LaGrange Academy
1501 Vernon Road
LaGrange, Georgia 30240**