



**Request for School Records Form**

**Today's date:** \_\_\_\_\_

**To (name and address of last school attended):**

\_\_\_\_\_  
\_\_\_\_\_

**Last grade attended:** \_\_\_\_\_

**Last school year attended:** \_\_\_\_\_

The following student has enrolled at Claremont Immersion School:

**Name of student:** \_\_\_\_\_

**Please forward all records for the above student to include, but not limited to:**

- Original student cumulative file (if attended APS)
- Academic
- Discipline
- Health
- Legal
- Special Services
- Test Results
- Any other information that may be helpful

I give permission for the school records to be forwarded to the school listed below:

Claremont Immersion School

**Attention: School Registrar**

4700 S. Chesterfield Road

Arlington, VA 22206

Phone: (703) 228-2511

Fax: (703) 820-4264

Sincerely,

\_\_\_\_\_  
**Legal guardian printed name/relationship to student**

\_\_\_\_\_  
**Legal guardian signature**