



## REQUEST FOR ACADEMIC RECORDS

**Parents:** Please complete this section before giving the form to the head of your son's school.

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

**SCHOOL HEAD:** The above student has applied for admission to The Avalon School. Please supply the information requested below, or substitute your own form(s).

### I. ATTENDANCE

	Current Year (to date)	Prior Year
Days Absent	_____	_____
Days Tardy	_____	_____

### II. GRADES

	Current Year (to date)	Prior Year
English	_____	_____
Math	_____	_____
Social Studies	_____	_____
Science	_____	_____

### III. ACADEMIC STANDING

- How many boys are in the candidate's current grade school? \_\_\_\_\_
- In which quarter of these boys does the candidate rank academically? (Circle one)

Top Quarter      Second Quarter      Third Quarter      Bottom Quarter

### III. STANDARDIZED TEST SCORES

Please enclose a copy of any recent standardized test results.

Person completing form: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

Please return to: Director of Admission  
The Avalon School  
11811 Claridge Rd.  
Wheaton, MD 20902