



Transcript Release Form Charlottesville Waldorf School

Student: _____

Present School: _____ Grade: _____

SCHOOL REGISTRAR: This student has applied for admission to the Charlottesville Waldorf School. Please send all records, including transcripts, health and immunization records, achievement / aptitude test results, and teacher recommendations to the following address or fax number:

Charlottesville Waldorf School
120 Waldorf School Road
Charlottesville, VA 22901
Phone: 434.973.4946
Fax: 434.973.4109

Parent's/Guardian's Signature: _____

Date: _____

PARENT/GUARDIAN: Please deliver or mail this form to the Registrar's Office at the student's present school. Thank you.