614 South Main Street, Woodstock, VA 22664
Fax: 540-459-5421 Phone: 877-466-6222
admissions@militaryschool.com

School Records Request

Applicant's Name (printed): _____

Instructions to the Applicant: Please present this form to your school's counselor or principal and ask that it be completed and returned to MMA at the address or fax number above.

Parent's Authorization*: As parent/guardian of the above-named student, I request and authorize school administrators and teachers to provide the requested information to Massanutten Military Academy and to discuss the student's conduct, attributes, and academic performance with MMA staff members as needed to ensure an appropriate enrollment decision.*

_____ _____ _____
Parent/Guardian's Name (printed) Signature Date

Request to School Administrators/Teachers: The above-named student has applied for admission to Massanutten Military Academy. Please indicate which document/information is included. Only indicate "Not Applicable" if document requested does not exist or apply to this student. Send this School Records Request form completed and signed by the school and the following requested documentation to the address or fax number at the top of this form. The information you provide will help in assessing the student's potential for success in MMA's structured, military-styled learning environment. Please contact the Admissions Office if you have questions about MMA programs and expectations. Together, we serve students best by ensuring a proper school fit.

Included	Not Applicable	
_____	_____	**Academic transcripts** (courses taken, grades and credits earned, and an explanation of the school's grading systems)
_____	_____	**Report Card** (past 1 or 2 years)
_____	_____	**Discipline Record (if not applicable, then sign below)** Sign:_____Date:_____ *By signing here I acknowledge there is no discipline record for this student at our school.*
_____	_____	**Attendance records**
_____	_____	**Standardized test scores** (SAT, ACT, state assessments, etc.)
_____	_____	**Health and Immunization records**
_____	_____	**Documentation related to placement in special education or resource programs** (such as IEPs, 504 Plans, psychological reports, eligibility summary, and special education testing results)
_____	_____	**Two (2) Academic Recommendations** (one from Math or English teacher, one from any other teacher)

Name of Person Completing Form		School	
Email address	Phone #	Years known this student	Capacity

Signature:_____ Date: _____