

## REQUEST FOR COPY OF STUDENT GRADES AND TESTING

PLEASE MAIL TO:

19860 Tumalo Reservoir Road, Bend, OR 97703 541.382.0699 or FAX 541.382.0225 admission@cascadesacademy.org www.cascadesacademy.org

## **NOTE TO PARENTS**

If you have the requested records at home, simply make copies and include them with your child's application. If you don't have these records in your possession, please complete this form and **deliver it to your child's current school**. An admission decision cannot be made until these records are received.

## **NOTE TO SCHOOLS**

Cascades Academy Office of Admissions

Please send <u>COPIES</u> of the following information from this student's records to Cascades Academy (address above). PLEASE DO NOT SEND THE STUDENT'S PERMANENT RECORD.

- One copy of the student's transcript of all courses and grades for the current year (if applicable) and past two years.
- One copy of any standardized tests taken during the last two years (if applicable).

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application, Cascades Academy requires <b>COPIES</b> of the student's records.	
Applicant's Name	Current Grade
Name of School	
School Phone Number	School Fax Number
Thank you for your assistance,	

The following student has applied for admission to Cascades Academy. In order to review this student's