



## Student Records Request

---

Please complete this portion, sign and return with your Application for Admission.

Student Name: \_\_\_\_\_ Present Grade: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Records requested from:

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

---

For office use only

Dear Registrar/School Official,

- **Above named student is enrolling at the Waldorf School of Bend.** Please forward complete permanent file (including all academic records, report cards, health records, special testing, etc.) to the Waldorf School of Bend, 2150 NE Studio Rd., Ste. 2, Bend OR 97701 ph: (541) 330-8841, fax: (541) 330-9713
- **Above named student is applying for admission to the Waldorf School of Bend.** Please forward a copy of student's academic record to Waldorf School of Bend, 2150 NE Studio Rd., Ste. 2, Bend OR 97701 ph: (541) 330-8841, fax: (541) 330-9713

WSB Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your immediate attention to this request.