



# Academic Records Request

Date: \_\_\_\_\_

\_\_\_\_\_ has applied for admission to the \_\_\_\_\_ grade at Paideia Academy. Please send a complete transcript (photocopies) of grades, test results, medical forms, cumulative records, and any other pertinent information you may have which will enable us to assist the student in his enrollment process at our school.

Thank you for your prompt attention to this important matter.

Sincerely,

Mark Hamilton, Headmaster

Date: \_\_\_\_\_

\_\_\_\_\_  
*(Parent Signature)*

Name of last school attended: \_\_\_\_\_

Street Address/PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

I give permission for the release of all records pertaining to my child, \_\_\_\_\_,  
(Student's Full Name)

\_\_\_\_\_  
(Student's Date of Birth)

Please mail records to: ***Paideia Academy 10825 Yarnell Road, Knoxville, TN 37932***

Paideia Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.