



SCOTTSDALE COUNTRY
DAY SCHOOL

RECORDS REQUEST FORM

Dear Parent,

Please complete, sign, and submit this form to the SCDS main office. This will allow us to receive a copy of your child's transcripts from his or her former school.

Former School: _____

Phone: _____

Fax: _____

Email: _____

I, _____ (parent/guardian), grant permission for a copy of my child's transcripts to be sent to Scottsdale Country Day School.

Student's name: _____

Birthdate: _____ Grade: _____

Signature of parent or guardian _____

Attention: Records/Transcript Office

The above named child has applied to Scottsdale Country Day School. Please email or mail COPIES of transcripts, report cards, standardized test scores, and medical/immunization records to:

Scottsdale Country Day School
Admissions Office
10460 N. 56th St.,
Scottsdale, AZ 85253

Phone: 480-452-5777
Email: kathy@scdsaz.com

Please be sure all photocopied transcripts are legible.

Thank you for your help,

Kathy Prahcharov
Director of Operations