



Chestnut Ridge Academy & Satellite School
Records Request Form

Student Name _____ Birthdate _____ Grade _____

Former School or Homeschool Umbrella _____

Former School/Umbrella Mailing Address

Former School/Umbrella Phone _____ Fax _____

Former School Contact Email _____

I, _____, grant permission for a copy of my child's records to be sent to (Parent/Legal
Guardian name)

Chestnut Ridge Academy & Satellite School.

Signature of Parent/Guardian _____

The above named child has applied to Chestnut Ridge Academy & Satellite School for admission. Please email or mail copies of transcripts, report cards, standardized test scores, IEP (when applicable), Birth certificate and medical/immunization records to:

Chestnut Ridge Academy
106 Elk Ave North
Fayetteville, TN 37334

Phone (931)227-7391

FAX _____

Email: ChestnutRidgeAcademy@gmail.com

Please be sure all photocopied transcripts are legible.

Patricia A. Hunt _____

Administrator Name (Print)

_____ Date

Administrator Signature