



Request for Records

Please give this completed form to the school your child currently attends.

Date: _____

Name of Student: _____

Name of Present School: _____

I hereby request and give permission for the transfer of records to the Admissions Office at The Academy at Charlemont. The records should include the following:

1. Transcript of grades or report cards
2. Standardized test scores if available
3. Any written comments and evaluations by teachers, guidance counselors, and psychologists
4. ***Any available outdated or current IEP, 504, neuropsychological evaluations, or other record of accommodations, or additional information that would help us understand this student's learning profile***

Parent or Guardian: _____

Signature of Parent or Guardian: _____

If possible, please send ***both digital and hard-copy records*** to

Admissions Office
The Academy at Charlemont
The Mohawk Trail
1359 Route 2
Charlemont, MA 01339

admissions@charlemont.org
(413) 339-4912