



# THE STONEHAVEN SCHOOL

## Request for Transcripts and Records

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

\_\_\_\_\_ has applied for admission to the \_\_\_\_\_ grade at  
(student's full name)

The Stonehaven School. Please send a complete transcript (photocopies) of grades, test results, medical forms, cumulative records, and any other pertinent information you have which will enable us to assist the student in his/her enrollment process at our school.

Thank you for your prompt attention to this important matter.

Sincerely,

Brett Edwards, Head of School

.....  
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(ren),  
(signature of parent)

**Student's Full Name**

**Date of Birth**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send the records to:

**The Stonehaven School**  
505 Atlanta St. Marietta, GA 30060  
[office@stonehavenschool.org](mailto:office@stonehavenschool.org) Fax 770-874-8886