



Student Records Request

_____ has applied for admission to the _____ grade at Veritas
(Student name)

Veritas Classical Christian School. 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 their enrollment process at our school.

Thank you for your prompt attention to this important matter.

Sincerely,

Gretchen Gregory, Director of Admissions
.....

I give permission for the release of all records pertaining to my child, _____.

The records shall be sent to:

Veritas Classical Christian School
6627-B Jahnke Road
Richmond, VA 23225

(signature of parent or guardian)

Date: _____

Name of last school attended: _____

Street Address/PO Box: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Veritas Classical Christian School
6627-B Jahnke Road, Richmond VA, 23225
Phone: 804.272.9517 | Fax: 804.272.9518
www.veritasschool.com