



To: \_\_\_\_\_ (School Name)  
 \_\_\_\_\_ (Address)  
 \_\_\_\_\_ (City, State, Zip)  
 \_\_\_\_\_ (Phone Number)  
 \_\_\_\_\_ (Email)

<i>Last</i>	<i>First</i>	<i>MI</i>
<i>Date of Birth</i>	<i>Grade</i>	

**The Marshall School**  
**4510 Plank Road**  
**Fredericksburg, VA 22407**  
**TEL: (540) 412-1278**  
**FAX: (540) 388-4993**  
**EMAIL: [christina@themarshallschool.org](mailto:christina@themarshallschool.org)**

<p>_____ Academic Records</p> <ul style="list-style-type: none"> <li>- attendance</li> <li>- transcripts</li> </ul>	<p>_____ Test Records</p> <ul style="list-style-type: none"> <li>- standardized test results</li> </ul>
<p>_____ Health Records</p> <ul style="list-style-type: none"> <li>- immunization record</li> </ul>	<p>_____ Confidential Records</p> <ul style="list-style-type: none"> <li>- All Special Education Records</li> </ul>
<p>_____ Other</p>	

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*Parent or Guardian's Printed Name*