

# Southeast Academy



137 Palmser Ave  
Saltville, VA 24370  
276-496-7791 Ext 221  
276-496-7979 FAX

DATE: \_\_\_\_\_

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade

*Please Verify:*

Grade Level: \_\_\_\_\_

Last Day of Attendance: \_\_\_\_\_

Please indicate if the student has an IEP, 504 Plan or record of special services that will be sent separately.

*Please fax immediately:*

✓ Up-to-date transcript (including dates of entry/withdrawal, grading scale, all subjects Achievement Test Scores, SOL scores, and grade to date of withdrawal);

*Please mail if more than 6 pages:*

- ✓ Any psychological or special placement date (SLD, EMR, IEP etc.);
- ✓ Health Records (including physicals and immunization record).

*The Federal Register, Volume 41, No. 118, Section 99.31, June 17, 1976, states:*

PRIOR CONSENT FOR DISCLOSURE NOT REQUIRED IF THE DISCLOSURE IS TO OFFICIALS OF ANOTHER SYSTEM IN WHICH THE STUDENT SEEKS ADMISSION OR INTENDS TO ENROLL.

**School Instructions:**

FAX

276-496-7979

EMAIL

[b.eastridge@southeastacademy.net](mailto:b.eastridge@southeastacademy.net)

Mail:

Southeast Academy

Att: Admissions

137 Palmer Ave

PO Box MM

Saltville, VA 24370

