



Southeast Academy

137 Palmer Ave
Saltville, VA 24370
276-496-7791 ext. 223
276-496-7979 Fax

Date: _____

Student's Name	Date of Birth	Grade
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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

E-Mail

aclevenger@seacademy.net

Please mail to: Southeast Academy

Att: Admissions

137 Palmer Ave

P.O. Box MM

Saltville, VA 24370