

Wedgwood

A C A D E M Y

School for Children with Learning Differences

4833 Selkirk Dr., Ft. Worth, Texas 76109

817-924-9095

Rachel Wittich, Director

Date _____ To _____

Student's Name _____

Social Security Number _____

Date of Birth _____

The student listed above has enrolled in our school and has listed your school as his/her previous school. To complete the student's enrollment, we are requesting the following information:

_____ Copy of Birth Certificate _____ Standardized Achievement Records

_____ Copy of Social Security Card _____ Special Education Records (if any)

_____ Health/Immunization Records

_____ Transcript of Grades

_____ Cumulative Records

Please send these records to Wedgwood Academy, 4833 Selkirk Dr., Ft. Worth, TX 76109. Our email is wedgwoodacademy@sbcglobal.net.

CONSENT FOR RECORDS RELEASE

I desire and acknowledge that school records and transcripts be sent to Wedgwood Academy for the purpose of enrolling the above named student.

Parent Signature _____