



# Request for Release or Transfer of School Records

Grand River Academy  
3042 College Street  
Austinburg, Ohio 44010  
Tel (440) 275-2811 Fax (440) 275-1825  
Email: admissions@grandriver.org

**Records Should Include:**

- Academic transcript
- Health Records
- Semester Grades/Credits or Withdrawal Grades
- Discipline Record
- Academic and/or Psychological Testing Results
- Special Education Records (IEP, MFE, 504)

**It is requested that an official copy of the school records of:**

Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Be released from:**

School Last Enrolled: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transferred to Grand River Academy, 3042 College Street, Austinburg, OH 44010 as soon as possible.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

# English Teacher Recommendation Form

Candidate's Name: \_\_\_\_\_

Grand River Academy works with young men who learn best with small classes, a structured schedule and on-campus faculty support. A typical student enters Grand River Academy with academic potential they have yet to realize. All students take college preparatory classes and college/university acceptance is a graduation requirement. The information you provide on this student is confidential and very helpful in evaluating the appropriateness of our school for the applicant. Please return this recommendation form directly to the Academy.

Teacher's Name: \_\_\_\_\_ Title: \_\_\_\_\_

How long and in what capacity have you known the applicant? \_\_\_\_\_

What are his greatest strengths?

\_\_\_\_\_

What are his greatest needs?

\_\_\_\_\_

	No Basis for Judgment	Excellent	Good	Average	Below Average
Intellectual Ability					
Reaction to Criticism					
Class Participation					
Maturity / Independence					
Rapport with Adults					
Rapport with Peers					
Concern for Others					
Concern for Self					

Have you had to take any disciplinary action involving the applicant? If so, please explain:

\_\_\_\_\_

Does the applicant have any personal or emotional difficulties of which the school should know about?

\_\_\_\_\_

Please feel free to add any additional information that you feel will be helpful to the admissions committee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to receive information about Grand River Academy?  YES  NO

**Please Return to:**

Grand River Academy Admissions Office

3042 College Street

Austinburg, Ohio 44010

Fax: 440-275-1825 Email: admissions@grandriver.org

# Math Teacher Recommendation Form

Candidate's Name: \_\_\_\_\_

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Teacher's Name: \_\_\_\_\_ Title: \_\_\_\_\_

How long and in what capacity have you known the applicant? \_\_\_\_\_

What are his greatest strengths?

\_\_\_\_\_

What are his greatest needs?

\_\_\_\_\_

	No Basis for Judgment	Excellent	Good	Average	Below Average
Intellectual Ability					
Reaction to Criticism					
Class Participation					
Maturity / Independence					
Rapport with Adults					
Rapport with Peers					
Concern for Others					
Concern for Self					

Have you had to take any disciplinary action involving the applicant? If so, please explain:

\_\_\_\_\_

Does the applicant have any personal or emotional difficulties of which the school should know about?

\_\_\_\_\_

Please feel free to add any additional information that you feel will be helpful to the admissions committee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to receive information about Grand River Academy? \_\_\_\_\_ YES \_\_\_\_\_ NO

**Please Return to:**

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3042 College Street

Austinburg, Ohio 44010

Fax: 440-275-1825 Email: admissions@grandriver.org

# Principal / Head / Counselor Recommendation

Candidate's Name: \_\_\_\_\_

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Teacher's Name: \_\_\_\_\_ Title: \_\_\_\_\_

How long and in what capacity have you known the applicant? \_\_\_\_\_  
What are his greatest strengths?

\_\_\_\_\_

What are his greatest needs?

\_\_\_\_\_

	No Basis for Judgment	Excellent	Good	Average	Below Average
Intellectual Ability					
Reaction to Criticism					
Class Participation					
Maturity / Independence					
Rapport with Adults					
Rapport with Peers					
Concern for Others					
Concern for Self					

Have you had to take any disciplinary action involving the applicant? If so, please explain:

\_\_\_\_\_

Does the applicant have any personal or emotional difficulties of which the school should know about?

\_\_\_\_\_

Please feel free to add any additional information that you feel will be helpful to the admissions committee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to receive information about Grand River Academy? \_\_\_\_\_ YES \_\_\_\_\_ NO

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