

TRANSCRIPT & SCHOOL RECORDS REQUEST

# Linden Hall

212 EAST MAIN ST, LITITZ, PA 17543 717.626.8512 OR 800.258.5778 717.627.1384 FAX  
ADMISSIONS@LINDENHALL.ORG  
LINDENHALL.ORG

The student whose name appears below has applied for admission to Linden Hall. Please complete this form and return it at your earliest convenience to that above address.

Applicant's First Name Middle Last

I hereby authorize release of information requested by the Linden Hall Admission Office for my daughter's application.

Parent Signature Date

### LINDEN HALL REQUESTS

- 1. A transcript of the student's grades, including the current year. 2. All standardized test scores available.

Has the student been, at any time, a discipline problem?  Yes  No If so, please explain \_\_\_\_\_

The student's attendance at school as been  Good  Fair  Poor

Has the student received any special education service?  Yes  No If so, please explain \_\_\_\_\_

Can the student return to her present school?  Yes  No If so, please explain \_\_\_\_\_

Do you know of any special talents this student possesses? \_\_\_\_\_

### CURRENT ACADEMIC INFORMATION

Name Position

School

Signature Date

I would like to receive more information about Linden Hall for others who may benefit from a Linden Hall education.

Please call me for further information. Phone \_\_\_\_\_

Thank you for completing this form in a timely manner. The Admission Committee would also appreciate any comments which you care to make concerning this applicant as a person and as a student. Please use the back of this form or attach another sheet.



LINDEN HALL  
FOUNDED IN 1746

