

PARENT SIGNATURE

556 – 124th Avenue NE Bellevue, WA 98005 Tel 425.401.9874 Fax 425.865.9093

FOR SCHOOL YEAR: \_\_\_\_\_

DATE

info@threecedarswaldorf.org www.threecedarswaldorf.org

GRADES TWO – EIGHT

## Request for Transcripts

	ild's application, we require a trar relevant educational assessments.	nscript, two most recent school report cards,
may be forwarde	ed directly to Three Cedars Wa	ar child's current school so this information aldorf School. We need this information by for your child's application to be complete.
To the registrar of:	CURRENT SCHOOL	
My child:	STUDENT NAME (PLEASE PRINT)	
		school year. Please send his/her two most ducational assessments), and transcript to:
Admissions Office Three Cedars Wald 556 – 124 <sup>th</sup> Avenu Bellevue, WA 9800	e NE	
Fax 425.865.9093		
Please call 425.40°	1.9874 if you have any questions.	Thank you for your assistance.