



Independent School of Winchester

Request for Transcripts

I, _____ (parent name), request that _____
(school name) fax or mail copies of all relevant records, including birth certificate,
immunization records, transcripts, and all testing, for the following student:

_____ (name)
_____ (date of birth)
_____ (school years enrolled)

to:

The Independent School of Winchester
130 Carriebrooke
Stephens City, VA 22655
Phone: 540-877-5552
Claire@iswva.org (**Email submission preferred**)
Fax: 855-685-7279

Signed _____

Date _____

Parent Name _____