



# 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 test scores, 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  
Fax: 855-685-7279

Signed \_\_\_\_\_

Date \_\_\_\_\_

Parent Name \_\_\_\_\_