

Transcript and Information Request Form

This form must be completed only if the student is transferring from a resident school and seeking a diploma from Keystone National High School.

_____ Student Legal Name (First)		_____ MI	_____ Last	
_____ Address				
_____ City		_____ State	_____ Country	_____ Zip
_____ Phone		_____ Birth date	_____ Last Grade Completed	

The student listed above has not completed the requirements for graduation and wishes to pursue a course of study leading to graduation and a diploma from Keystone National High School.

As Parent/Guardian of the student named above, I clearly understand the compulsory school laws of my state of _____. I accept full responsibility for my son's/daughter's enrollment with Keystone National High School for the purpose of homeschooling my child. I further understand that if I have worked in the past with other school(s) for high school credit work, Keystone National High School may accept credits for previous course work towards a Keystone National High School diploma.

PREVIOUSLY ATTENDED SCHOOL(S) INFORMATION

_____ School Name		_____ Dates Enrolled: From		_____ To
_____ School Address				
_____ City		_____ State	_____ Zip	
_____ Phone		_____ Fax		
_____ School Name		_____ Dates Enrolled: From		_____ To
_____ School Address				
_____ City		_____ State	_____ Zip	
_____ Phone		_____ Fax		

I give Keystone National High School my permission to contact the school(s) listed above for verification of prior credit(s) from previous coursework completed.

_____ Parent/Guardian Signature	_____ Parent/Guardian Printed Name	_____ Date
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Keystone will mail/fax this form to your high school for you.

TO THE SCHOOL OFFICIAL

The student listed above intends to enroll in Keystone National High School. Verification of prior credit is necessary for placement. Please mail or fax a copy of his/her transcript to: **Keystone National High School, 920 Central Road, Bloomsburg, PA 17815 OR Fax: 570.784.2129**

_____ Admissions Counselor Signature	_____ Admissions Counselor Printed Name	_____ Date
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