



Student: _____

Current School: _____

Grade: _____

SCHOOL REGISTRAR: Please send all records, including transcripts, health and immunization records, achievement / aptitude test results, IEPs and teacher recommendations to Creation School, to which the student has applied for admission.

Creation School
14600 E. Colossal Cave Road
Vail AZ 85641
520-468-7075
520-254-6021 (FAX)

Parent's/Guardian's signature: _____

Date: _____

PARENT / GUARDIAN: Please deliver or mail this form to the Registrar's Office at the student's present school. Transcripts may be mailed or faxed