Thomas Hart Academy

852 Flinns Road
Hartsville, SC 29550
Telephone: (843) 332-4991
Fax: (843) 383-9523

TRANSCRIPT REQUEST
(Submit this signed form to the Principal or
Guidance Counselor of applicant's present school.)

Applicant's Name:_____
First Middle Last

The above named student has applied for admission to Thomas Hart Academy. I hereby request that you forward the following information to the school.

Transcript
Standardized Test Scores
Attendance Record
Immunization Record
Copy of Birth Certificate
Discipline Record

Parent/Guardian Name:_____
Type or Print

Parent/Guardian Signature:_____

Date:_____