ECOLE NOTRE DAME DES VICTOIRES

Request of Educational Records

	ENTS: Please sign below and submit teir current transcript may be forwarde	· ·	•
forwa	DOL: The student named below has a ard to us his/her transcript, teacher rep ol year and for the previous two years.	ports, and any standardized te	•
	e forward any questions to Desiree Al ssions@ndvsf.org.	mendares, Director of Admissi	ons at (415) 421.0069 or
School seeks receivecor	ols may send a student's educational is or intends to enroll, upon condition to education and a copy of the record, if desired, and a copy of the record, if desired, and a copy of the read the above statement. Please set	record to officials or school systhat the student's parents are and have an opportunity to chal	notified of the transfer, lenge the content of the
Full Na	ame	Birth date	Grade
То:	Ecole Notre Dame des Victoires Attn: Admissions 659 Pine Street San Francisco, CA 94108		
Print r	name of parent		
Signat	cure of parent		
Date _			