



**STATEN ISLAND ACADEMY**  
715 Todt Hill Road, Staten Island, NY 10304  
718.303.7803 Fax 866.624.0203  
www.statenislandacademy.org

## Transcript Request Form

### To the Parent

Please complete this form and send it to your child's present school. An official school transcript, including first semester grades from the current year, is a required part of your application to Staten Island Academy.

Applicant's Name \_\_\_\_\_ Applying to Grade \_\_\_\_\_

Current School \_\_\_\_\_ School Telephone \_\_\_\_\_

School Address \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### To the School

Please send us an official transcript for the above named student as well as all standardized test scores. Please include a first semester report from the current school year. Thank you for your assistance.

Please mail to: The Admissions Office  
Staten Island Academy  
715 Todt Hill Road  
Staten Island, NY 10304