

# GREENVILLE CLASSICAL ACADEMY

## Transcript Request Letter

Email: [office@greenvilleclassical.com](mailto:office@greenvilleclassical.com)  
Web address: [www.greenvilleclassical.com](http://www.greenvilleclassical.com)  
Phone: 864.329.9884  
Mark Klein, Headmaster

Date: \_\_\_\_\_

\_\_\_\_\_ has applied for admission to the \_\_\_\_\_ grade  
(student's full name)

at Greenville Classical Academy. Please send a complete transcript (photocopies) of grades, test results, medical forms, cumulative records, and any other pertinent information you may have which will enable us to assist the student in their enrollment process at our school. Thank you for your prompt attention to this important matter.

Sincerely,

Mark Klein, Headmaster

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*(To be filled out by parent of student)*

I give permission for the release of all records pertaining to my child,

\_\_\_\_\_  
(student's full name)

Please send the records to:  
**Mark Klein, Headmaster**  
**Greenville Classical Academy**  
**2519 Woodruff Road**  
**Simpsonville, SC 29681**

\_\_\_\_\_  
(signature of parent)

Date: \_\_\_\_\_

Name of last school attended: \_\_\_\_\_

Street Address/PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_