

ATTENTION PARENTS:

Please complete this form and forward to your child's school for processing.

Date _____

Dear Administrator:

_____, in grade _____,
has applied to admission to Wellington entering grade _____
for the _____ school year.

Please send the student's complete school records, including the current year, standardized test scores, and immunization records to the attention of:

Wellington

3650 Reed Road

Columbus, OH 43220

ATTN: ADMISSIONS OFFICE

If you have any questions, please feel free to contact the Admissions Office at 614.324.1564.

Please Print Name _____

Parent or Legal Guardian Signature _____

Relationship to Student _____

Current School _____

Current Grade _____

School District _____