

Transcript and Information Request Form



Dream. Connect. Achieve.

420 West 5th St. Bloomsburg, PA 17815-1564 Phone 800 255-4937 Fax 570 784-2129 info@keystonehighschool.com

This form must be completed only if the student is transferring from a resident school and seeking a diploma from Keystone National High School.

Student Legal Name (First) (Last) (M)

Address

City State Zip

Phone Birthdate Age Last Grade Completed

The student listed above has not completed the requirements for graduation and wishes to persue a course of study leading to graduation and a diploma from Keystone National High School.

As Parent/Guardian of the student named above, I clearly understand the compulsory school laws of my state of _____. I accept full responsibility for my son's/daughter's enrollment with Keystone National High School for the purpose of homeschooling my child. I further understand that if I have worked in the past with other school(s) for high school credit work, Keystone National High School may accept credits for previous course work towards a Keystone National High School diploma.

Previously Attended School(s) Information

School Name Dates Enrolled: From To

Address

City State Zip

Phone Fax

School Name Dates Enrolled: From To

Address

City State Zip

Phone Fax

I give Keystone National High School my permission to contact the school(s) listed above for verification of prior credit(s) from previous coursework completed.

Parent/Guardian Signature Date

Keystone will mail/fax this form to your high school for you.

To the School Official

The student listed above has enrolled in Keystone National High School. Verification of prior credit is necessary for placement. Please mail or fax a copy of his/her transcript to:

Admissions Counselor Signature

Date

Keystone National High School 420 West 5th St. Bloomsburg, PA 17815-1564 Fax 570 784-2129