



Transcript Request

Applicant's Name _____

Applicant's School _____

Applicant's School Phone # _____ Fax # _____

The above-named student has applied for admission to Thomas Hart Academy. Please forward the following information to the school at the address or fax number below:

Transcript
Standardized Test Scores
Attendance Records
Discipline Record
SC Immunization Record
Copy of birth certificate

Send to:
Thomas Hart Academy
852 Flinns Road
Hartsville SC 29550
Fax: 843-383-9523
Phone: 843-332-4991
Email: bethc@mytha.net