

school records request

TO THE PARENTS OF THE APPLICANT

Please complete and send this form to your child's current or most recent school (**not** Community School), after January 1. Please print clearly.

To: _____
(Applicant's Current School)

(School Address)

Re: _____
(Applicant's Name) *(Applicant's Birthdate or Student ID#)*

(Applicant's Address)

Date records need to be received _____

For the student named above, I authorize the release of school records, including an official transcript of all grades for the past three years as well as the results of academic testing by signing below. I acknowledge that I waive my right to read the confidential teacher recommendations.

Signature _____ **Date** _____

Dear School Registrar,

The student named above, who is currently enrolled in your school or who recently attended your school, is an applicant for admission to Community School. We would appreciate receiving copies only of the student's school records, no later than the application deadline. Please mail records to the address at the bottom of this form. This should include any standardized test information, immunization records, grades and teacher comments, an official transcript, and any other information you feel might help us make an informed decision.

Thank you for your assistance.