



Records Release Request

To be completed by the parent:

Please complete and sign this release form before submitting it to your child's current school. Notify the school that our application deadline is **February 15, 2019**.

I hereby authorize the release of complete school records for:

Student's name	Birth date
School	Current grade or level
Parent's name	Phone number
Parent's signature	Date

To be completed by the school:

The above student has applied for admission to The Waldorf School of Atlanta. Please send the following:

- Student grades or evaluations for the current year.
- Transcripts of previous years.
- Records of all standardized achievement and aptitude tests.
- Immunization records.
- Attendance records.

School Preparer's name	Phone number	Date
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Please return this form to:

Stacey Alston, Enrollment Director
The Waldorf School of Atlanta
827 Kirk Road
Decatur, Georgia 30030
phone 404-377-1315
fax 404-377-5013