



Chesterfield Day School

Premier Preparation 18 months through 6th grade

Transcript and Records Release Form

Applicant's full name: _____
First Middle Last

Applying for grade: _____ Enrolling: _____
Month Year

Current School: _____

School Address: _____

School Phone: _____ School Fax: _____

Current School Contact Person: _____

Email Address for Current School Contact: _____

I/We authorize the release of my/our child's full record (see below). I/We authorize Chesterfield Day School to contact my child's current school and other sources to obtain information related to my child's application.

- Grades from the current and previous two school years (grading scales included)
- Aptitude and achievement test scores
- Psychological and educational testing results
- Attendance and disciplinary records
- Immunization and medical records
- Current teacher recommendation

Statement of Confidentiality:

It is the policy of all members of the Independent Schools of St. Louis (ISSL) that all information received regarding a candidate's application for admission will be treated with complete confidentiality. Only authorized school personnel have access to this information and then only to the extent that the information is relevant to the admission and placement decision. Information received within the scope of this policy is not disclosed to the applicant nor to the applicant's family.

Parent/Guardian Signature Date

Parent/Guardian Signature Date