



Records Release Request

To 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 12, 2010**.

I hereby authorize the release of complete school records for:

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

To 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
------------------------	--------------	------

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