

PERMISSION FOR STUDENT RECORDS RELEASE

Dear Parent(s)/Guardian(s),

Please complete the top portion of this form, sign, and give to your child's current school Principal, guidance counselor, or registrar.

(Current) School Name:	Date:			
School Address: Street Address		City	State Zip Code	
Student Name:				
Date of Birth:	Current Grade:	Applying to Grade:		
transcript), achievements, teacher include test dates) and evaluations Tree School to contact our child's saccess to confidential evaluation multiple of the release every person and instituted documents and other information pachool, I authorize the release of multiple of the release	hereby authorize the relater recommendations, copy of the heat (through date of sending) as requestiched and other sources to obtain interesting the admission atterials before or after the admission attended to Palm Tree School for the any child's full record file when he/she	alth forms, other standated by Palm Tree Schoformation to support this decision is made. In the properties of the prope	ardized test so ool. I hereby au is application. I o the furnishin	cores (please uthorize Palm will not seek g of records,
Signature of Parent/Guardian:		Date:	:	
PARENTS	MAY NOT HAND DELIVER MATERIALS	S TO PALM TREE SCHO	OOL	

To School Principle, Guidance Counselor, or Registrar:

The student named above is an applicant at Palm Tree School. In order to help us complete the student application's file, please send the followings:

- Official copy of his/her full transcript (Please include ALL transcript information from enrollment start to end date).
- Attendance and any Discipline Records.
- Teacher recommendations.
- Copy of the health form.
- Any standardized test scores or achievements.

Please remit to:

Palm Tree School Attn: Admission Office 8900 Lee Hwy Fairfax, VA 22031

Your assistance is greatly appreciated in this matter. Should you have any questions, please feel free to contact us at 703-665-9915.

Sincerely, Admission Office Palm Tree School