



PROVIDENCE DAY
SCHOOL

TRANSCRIPT RELEASE FORM

PARENTS

I give permission to (School) _____

Address _____

to release all transcripts and school records to Providence Day School.

Student's Name _____ Grade Apply _____

Parent's Signature _____ Date _____

After completing this section, please send to your child's current school. They will return it directly to Providence Day School.

CURRENT SCHOOL

One of your students is applying for admission to Providence Day School. Please forward the following information by either mail or email:

Mail to: Providence Day School Admissions Office
5800 Sardis Rd
Charlotte, NC 28270

or

Email: pds.admissions@providenceday.org

- Current report card
- Report cards with final grades from ***prior 2 years***
- Any standardized test scores
- Other school records relevant to admission (i.e. additional educational assessments, special program placement, IEP, disciplinary records, etc.)

DEADLINE FOR FIRST ROUND CONSIDERATION IS MARCH 1