



Holy Child Academy

Records Release

Dear Parents,

In order for us to gain a better understanding of your child's record of achievement and potential, we need your permission to request records from your child's current school. Please complete the information below, which will authorize release of all of your child's records to Holy Child Academy. After you complete this form, return it along with your completed Admissions Application.

Thank you.

Current School and Address (Please Print)

School Name _____

Address _____

Town _____ Zip _____

Dear Principal or Head,

As parent/guardian of _____, currently in grade _____, I authorize
(please print)
you to release all appropriate information concerning his/her academic, personal, and medical records to Holy Child Academy. I understand this information will be used in connection to Holy Child Academy and will be held in strict confidence.

Parent/Guardian Signature

Date

Please send all records to:

Corrie Bowen, Admissions Coordinator
Holy Child Academy
25 Store Hill Road
Old Westbury, NY 11568