

ST PAUL'S

PRE & LOWER SCHOOL

TRANSCRIPT RELEASE FORM

For Grades 1 - 4

PARENTS: *Please complete and forward this form directly to your child's **current** school **AFTER** the first marking period.*

TO: _____
(Principal, Headmaster or Guidance Counselor)

(Name of School)

Our child, _____ has applied to the _____ grade at the St. Paul's Schools. We hereby give permission to have the information below forwarded to:

Lower School
Admissions Office
St. Paul's Schools
11152 Falls Road
P.O. Box 8100
Brooklandville, MD 21022-8100
Phone: 410-821-3060
Fax: 410-427-0380
Email: sppladmissions@stpaulsmd.org

- Current year report card and previous year report card
- Any standardized testing
- Any evaluations or IEPs

Signature of Parent or Guardian: _____

Date: _____