



TRANSCRIPT RELEASE FORM

Parent or Guardian, please complete this form and **SEND TO THE CURRENT OR LAST SCHOOL** in which your child has been enrolled. **DO NOT RETURN THIS FORM TO COVENANT DAY.**

Current or last school: _____
School Name

Street Address

City, State and Zip

Permission is hereby granted for a complete transcript showing all former and current grades, IQ and Achievement Test scores, psychological evaluations (if any), behavior records, attendance records, health records, and other pertinent information from the student's permanent record to be released to:

Covenant Day School
Attn: Admissions Office
admissions@covenantday.org
Phone: (704) 708-6127

This information, once received, will be reviewed only by school personnel for the purpose of determining the student's admissibility to Covenant Day School. This transcript request does not constitute a request to withdraw this student from their current school.

Student's Name _____ Current Grade _____

Date _____ Parent Signature _____

Thank you for your cooperation!

"...We are taking every thought captive to the obedience of Christ." II Cor. 10:5

Covenant Day School • 800 Fullwood Lane • Matthews, NC 28105 • Phone: 704.847.2385
www.covenantday.org