



RELEASE FORM

Applicant's name: _____

Applying to grade: _____ at The French American School

I the undersigned authorize _____ (name of applicant's school) to complete the attached recommendation form. I understand that this information shall become the property of The French American School and shall be completely confidential to the extent permitted by law, and is not available to the applicant or family.

Signature of Parent / Guardian:

Date:

Dear School Administrator,

The above named student is applying to The French American School. Please complete the attached recommendation form no earlier than January 1st and return it to us directly by February 15th to **admissions@fasri.org**

Admissions Office
The French American School
75 John Street
Providence, RI 02906
Tel 401 274 3325 Fax 401 455 3437

Thank you. Please do not hesitate to contact us with any questions.