



THE COUNTRY DAY SCHOOL

6418 Georgetown Pike | McLean, VA 22101
(703) 356-4282

CDS RELEASE FORM

Child's Full Name: _____ Date of Birth: ____-____-____

I. Authorization for Release of School Records

I hereby authorize Country Day School staff to release and communicate about the following records(s) listed below. In reference to independent school recommendations, I authorize CDS staff to provide all relevant information and speak to admission offices at the below listed school(s) and/or educational consultant for purpose of my child's application to attend the listed school(s). Further, I waive the right to access confidential information to the extent permitted by law. (Both parents/guardians must sign below). Check all that apply.

- Report Cards
- Health Form
- Independent School Teacher Recommendation Form
- Other [specify item/s] _____

School/s or educational consultant to receive recommendations (Please provide addresses only for out-of-area schools):

Grade Applying to: _____

- | | |
|--------------------------|---------------------------|
| 1. _____ Deadline: _____ | 6. _____ Deadline: _____ |
| 2. _____ Deadline: _____ | 7. _____ Deadline: _____ |
| 3. _____ Deadline: _____ | 8. _____ Deadline: _____ |
| 4. _____ Deadline: _____ | 9. _____ Deadline: _____ |
| 5. _____ Deadline: _____ | 10. _____ Deadline: _____ |

For sibling Applicants, please indicate the name of the sibling's school and, if applicable, the date for any **early submission deadlines** for sibling recommendations: _____

II. Exchange of Information

I hereby authorize CDS staff to contact, obtain and/or share information about my child named above.
(Both parents/guardians must sign below)

The individuals or organizations that Country Day School may contact include the preschool teachers, physicians, speech and language clinicians, occupational and physical therapists, audiologists, psychologists, mental health professionals, social workers, independent school consultants, and childcare providers listed below.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Parent (or Guardian) *Date*

Signature of Parent (or Guardian) *Date*