



A K-8 INDEPENDENT SCHOOL

Inspiring Compassionate Leaders Through Academic Excellence

Student Release of Information and Records Form

Parents/Guardians

Please provide this completed form to your child's current school.

School

The student listed below has applied for admission to The Healdsburg School. Please send us copies of this student's report cards for the current academic year, as well as the previous two academic years (if applicable). Additionally, please forward copies of all attendance records, disciplinary reports, and results of standardized tests to The Healdsburg School.

Student's Name (please print) _____
First Middle Last

Applying to grade _____ Birth date _____

Years the applicant attended their present school _____ Last grade attended at this school _____

School Name (please print) _____

Address _____ City, State, Zip code _____

Main Contact Person (please print) _____ Title _____

Parent/Guardian Records Release Authorization

Name of parent/guardian (please print) _____ Telephone _____

Signature of parent/guardian _____ Date _____

Parent/Guardian Confidentiality Waiver Agreement

I acknowledge that I waive my right to read any confidential material that the school may provide as a part of this release of records form.

Name of parent/guardian (please print) _____

Signature of parent/guardian _____ Date _____