



A TK-8 Independent School

To cultivate the intellect, courage, and compassion to lead lives of inquiry and purpose.

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: 33-H Healdsburg Avenue, Healdsburg, CA 95448. These items may also be submitted via email to santonio@thehealdsburgschool.org.

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

_____ *Applying to Grade Date of Birth*

_____ *School Name Years the Applicant Attended Last Grade Attended*

_____ *School Address City, State, Zip code*

_____ *Main Contact Person (please print) Title*

Parent/Guardian Records Release Authorization

_____ *Name of Parent/Guardian (please print):*

_____ *Telephone Email Address*

_____ *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*