SAINT MARY SCHOOL
652 Willard Ave. Newington, Ct. 06111

Name of Student:_____

Grade Entering:_____

Name of School Currently Attending:_____

School Address:_____

_____

Release of Records Form

Dear Principal or Guidance Counselor:

An application for enrollment of _____ has been submitted to Saint Mary School, 652 Willard Avenue, Newington, Connecticut 06111.

I request that the following information be sent to Saint Mary School as soon as possible in order for my child's application to be processed:

1) Grades for at least the last two years
2) Grades to date for the current school year
3) A copy of all standardized test scores
4) A record of all diagnostic testing
5) Psychological and educational evaluations and PPT minutes

_____ _____

Date Signature of Parent or Guardian

**** A COMPLETE TRANSCRIPT AND HEALTH RECORDS ARE REQUESTED AT THE END OF THE CURRENT SCHOOL YEAR.***