

# All Saints Episcopal Day School



## PARENT AUTHORIZATION FOR RELEASE OF RECORDS

After completing and signing this form, please submit it to the Records/Transcripts Office at your child's current school.

I grant permission for a **COPY** of my child's school records to be sent to All Saints Episcopal Day School.

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Current Grade \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

### To the Records/ Transcripts Office:

The above named child is an applicant to All Saints Episcopal Day School. Please send **COPIES** of:

1. Grades/reports upon complete of the first trimester or semester of the current academic year
2. Recent teacher reports or comments
3. Attendance record
4. Standardized test scores
5. Grades/reports for the previous two years (if applicable)

**Please be sure that all transcripts are legible. Thank you.**

**Please send information to:**

All Saints Episcopal Day School

527 Clinton St.

Hoboken, NJ 07030

Attn: Admissions

Email: [admissions@allsaintsdayschool.org](mailto:admissions@allsaintsdayschool.org)