**St. Martin’s School**

**Record Release Form**

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| Please fill in the information requested below and **submit** the signed form to your child’s current school in order to have records sent directly to our Admissions Office. Thank you! |
| Name of current School: |  |
| Mailing Address:  |  |  |  |  |
|  | Street | City | State | Zip |
| Phone: |  | Fax: |  |
| I authorize the release of a copy of my child’s transcript, standardized test scores, report cards, and other pertinent school records, including disciplinary, to St. Martin’s School of Annapolis. |
| Child’s Name: |  | Current Grade: |  |
| Child’s Name: |  | Current Grade: |  |
|  |  |  |
| Signature of Parent/Guardian | Date |
| **School Administrator:** |  |
| The above named student(s) have |
|[ ]  Applied for admission |
|[ ]  Been accepted for placement |
| Please include report cards and test scores for the current year and two previous years for applicants. |
| Please send entire transcripts, including health and immunization records, for students who have applied for admission or who have been accepted for placement. Thank you! |
| **Please submit the requested information to:**Mrs. Kelly PeenstraDirector of AdmissionsSt. Martin’s SchoolAnnapolis, MD 21403Phone: 410-263-8016Fax: 410-280-2024Email: kpeenstra@stmartinsonline.org |