**St. Martin’s School**

**Record Release Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 Peenstra  Director of Admissions  St. Martin’s School  Annapolis, MD 21403  Phone: 410-263-8016  Fax: 410-280-2024  Email: [kpeenstra@stmartinsonline.org](mailto:kpeenstra@stmartinsonline.org) | | | | | | | | | | | | | | | |