

Excellence Begins in Wonder

TRANSCRIPT RELEASE FORM

To the parent or guardian:

Please fill in your child's name and grade below, sign where indicated at the bottom, and give this form to the principal, registrar, or guidance counselor at his/her current school.

Applicant Name:	D.O.B.	
Current Grade: _	Current School:	_
To the School Re	gistrar:	
current nineweek	olying to Park Maitland School. Please send a cumulative transcript including or mid-year grades to the email or address below. If you are unable to release tion to Park Maitland School for any reason, please contact the Director of	
We need to receive	y:	
	. Progress reports and/or semester grades for the current semester and previous two years.	
:	2. All standardized test scores.	
	Psychological testing and information, if applicable.	
Permission to rele	ase copies of the requested records is granted by:	
Parent/Guardian	Name (pleaseprint)	
Parent/Guardian		
Signature:	Date	
Please submit hard	copies of applicant's current school to Park Maitland School, Admissions	
Office, 1450 South	Orlando Ave, Maitland, FL32751. Digital copies are also acceptable and can be	
emailed to admissi	ons@parkmaitland.com.	