

REQUEST FOR STUDENT RECORDS

For students applying to grades 1-5

Parent/Guardian

Instructions: Please enter the following information, and include this form with your completed application to The Perkins School.

Student's Name _____ Applying to Grade _____

Current School _____

Current School's Mailing Address: _____
Street City State Zip

I hereby give my permission to release information requested by The Perkins School.

Parent/ Guardian Signature

Date

School Administrator:

The student named above has applied to The Perkins School. Please forward the following information:

- Transcripts, report card/comment sheets and immunization records from the current school year.
- Transcripts, report card/comment sheets from the previous school years.
- Results of standardized tests (percentile scores) and confidential school records including disciplinary actions, individualized testing and assessment, and if applicable, an individualized educational plan (IEP)

Please send to:

Admissions Director
The Perkins School
9005 Roosevelt Way NE
Seattle, WA 98115