



EPISCOPAL DAY SCHOOL

TRANSCRIPT RELEASE

TO PARENT:

Please fill in your child's name and submit this form to his/her current school.

Name of Applicant _____ Current Grade _____

I authorize the release of above-named student's transcript and educational testing to Episcopal Day School, and waive my right to read the school report and the accompanying written appraisal for the student listed above.

Parent/Guardian signature

Date

TO HEADMASTER/PRINCIPAL/REGISTRAR:

The student named above has applied for admission to the Episcopal Day School. We request an official transcript that includes grades for the current academic year, standardized achievement and/or ability test scores, attendance records, disciplinary reports, health reports, and any other pertinent information that will assist us in evaluating this student.

Has this student ever been suspended or expelled from school? If so, please explain _____

If more information is needed, who is the contact person regarding the above matter? _____

Please return this form, transcript, testing, and recommendation to:

Episcopal Day School
Attn: Admissions Office
2248 Walton Way
Augusta, GA 30904

(706) 733-1192
FAX (706) 733-1388
e-mail: admissions@edsaugusta.com