

Saint Andrew's

E P I S C O P A L S C H O O L

Due Date: _____

TO THE APPLICANT'S PARENT/GUARDIAN:

Please print or type student's name and current grade.

Applicant's Name: _____ Current Grade: _____

Please read and sign the statement below.

For the student named above, I authorize the release of school records, including an official transcript of all grades for this current year, last year, and results of all academic testing. I acknowledge that I waive my right to read the confidential teacher recommendation(s).

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____



TO THE APPLICANT'S CURRENT SCHOOL:

Please provide us with an official transcript or report card for the above named student including:

- 2016 – 2017 grades
- 2015 – 2016 grades
- Explanation of the grading system
- If applicable: results for the past two years of any standardized testing
- A copy of this form to accompany the records

PLEASE MAIL TO:

Attention: Admissions Office
Saint Andrew's Episcopal School
13601 Saratoga Avenue
Saratoga, CA 95070



Thank you for your assistance.

Should you have any questions, please contact us at 408.867.3785 ext 216 or email us at admissions@st-andrews.org