



20 Nelson Road \* Ithaca, NY 14850 \* [ithacawaldorf.org](http://ithacawaldorf.org) \* (607) 256-2020

## Request for School Records

Parent of Applicant: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Present grade level: \_\_\_\_\_ School now attending/last attended: \_\_\_\_\_

School Address (city, state, zip) and Phone Number: \_\_\_\_\_

I hereby give permission to the school I have listed above to release information to the Ithaca Waldorf School, as requested below.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The lower portion of this form is to be completed by the Ithaca Waldorf School. The entire form is then forwarded to the applicant's current/former school.**

The student named above, who is currently enrolled in your school or who recently attended your school, is a candidate for admission to the Ithaca Waldorf School. We would appreciate copies of grade reports, standardized test scores, teacher comments, health records, and other confidential information that you feel might be helpful to us in evaluating their academic ability and social development.

Please send records to [office@ithacawaldorf.org](mailto:office@ithacawaldorf.org) at your earliest convenience.

Thank you,

Laura Hayes, Director of School Administration, IWS