



PARK MAITLAND SCHOOL

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, headmaster, or guidance counselor *at his/her current school*.

Applicant Name: _____ D.O.B. ____/____/____

Current Grade _____ Current School _____

To the School Registrar:

This student is applying to Park Maitland School.

Please send a cumulative transcript including current nine week or mid-year grades to the address below. If you are unable to release transcript information to Park Maitland School for any reason, please contact the Director of Admission.

We need to receive:

1. Progress reports and/or semester grades for the current semester and previous two years.
2. All standardized test scores
3. Psychological testing and information, if applicable

Permission to release copies of the requested records is granted by:

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date ____/____/____

The hard copies of the above listed information should be sent from the applicant's current school to Park Maitland School's Admissions Office, Attn: Kelsey Scott, 1450 South Orlando Ave, Maitland, FL 32751 or fax to 321-282-0182. Digital copies can be emailed to kscott@parkmaitland.org.