

THE ISLAND SCHOOL 25-26 RECORDS REQUEST FORM

INSTRUCTIONS

Please complete the parent/guardian section of this form and submit it to your child's current school.

TO BE COMPLETED BY A PARENT	GUARDIAN CONTRACTOR OF THE PROPERTY OF THE PRO
Applicant's Full Name:	Date of Birth:
•	93-380, I hereby give permission for you to release the requested records fo Island School. The school receiving these records uses them for the purpose sion to their school.
Parent/Guardian Name:	
Parent/Guardian Signature:	Date:
TO BE COMPLETED BY SCHOOL A	DMINISTRATOR OR REGISTRAR
Please provide the contact information	n below and send a copy of this completed form with any records.
Name of School:	Name of Registrar:
Phone:	Email:

Please send the following to The Island School:

- Transcripts or progress reports from the previous two academic years
- The first report cards from the current academic year
- Standardized testing (if available)
- Attendance reports (if available)
- Discipline records (if applicable)

MAIL TO:

The Island School ATTN Admissions 8553 NE Day Road Bainbridge Island, WA 98110

OR EMAIL TO:

Admissions@theislandschool.org