

# School Records Release

Please complete and sign this release and return it with your application so that we may obtain transcripts from your child's previous schools.

Previous/current school(s):

Name

Address

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I consent to the release of all school records from schools listed above to the Berkshire Waldorf High School.

Parent or guardian (please print)

Signature

Date

The following student has applied to our school

Name

Grade

Date of birth

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Please forward the following records by

Mail: Berkshire Waldorf High School  
P.O. Box 905  
Great Barrington, MA 01230

Fax: 413.298.5132

Transcripts

Attendance records

Immunization records

Test scores and all relevant assessments

Is this family leaving your school in good financial standing?  Yes  No

If "no," please explain briefly:

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School official (please print)

Signature

Date