PALMA SCHOOL

Release of Student Records for Admission to Palma School

Please expedite to allow your student's school ample time to respond to this request.

Parent/Guardian:	
1. Complete, sign and date this form to	 Complete, sign and date this form below. Give this form to your student's current school registrar/main office.
2. Give this form to your student's cur	rent school registrar/main office.
Name of Applicant	Current Grade Level 5 6 7 8 9 10 1
access to confidential recommendation and evaluation ma	elease information to Palma to support this application for enrollment, and I/we will not seek terials before or after the admission is made. I/We release every person and institution from shing of records, documents, and other information provided to Palma School for this purpose
	ease of my/our son's/daughter's test scores, academic and disciplinary records as requested authorize release of the full record when enrollment at Palma School occurs.
Date	
Parent(s)/Guardian(s) name(s) please print	
Signature(s) of Parent(s)/Guardian(s)	
Telephone Number	_ Email
·	
SCHOOL REGISTRAR	
Please mail the following four (4) items to the address	s provided below. We recommend you photocopy these forms for your records.
1. This original form	
2. A copy of this applicant's grades for	r the previous two (2) school years
3. A copy of this applicant's grades for	r the current school year

Please mail to:

or emal to:

4. A copy of this applicant's most recent standardized test scores

Director of Admissions

admission@palmaschool.org

Palma School 919 Iverson Street Salinas, CA 93901