



Parents' Authorization For Release Of Records

Please sign this form and send it to the child's current school. Thank you.

Date _____

TO PRINCIPAL OR GUIDANCE COUNSELOR:

I have made application for my child, _____, to attend

CAROLINA DAY SCHOOL in grade _____ beginning in the school year _____.

I give permission for you to send to **CAROLINA DAY SCHOOL** the following information concerning my child for admission purposes:

- Standardized Tests (intelligence, aptitude, and achievement)
- Academic Performance (classroom grades or evaluation)
- Health Records
- Attendance Records

SIGNED _____

Relationship to child _____