



# MAPLE STREET SCHOOL

## RECORD RELEASE FORM

Parents please deliver directly to your child's current school office.

To the Admissions Office, \_\_\_\_\_ has been accepted to Maple Street School for the 201\_\_ academic year. I hereby authorize and request my child's **current school** to forward the following materials to Maple Street School, 322 Maple St., Manchester Ctr., VT 05255.

- Complete Student Transcript
- Complete Student Health Records
- Complete Test Scores for ERB, Iowa Test, Terra Nova, etc.
- Diagnostic Testing

Name of parent/guardian \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Maple Street School admits students of any race, color, religion, national or ethnic origin, age, gender, sexual orientation or disability to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion, or national or ethnic origin, age, gender, sexual orientation or disability in the administration of its educational policies, admissions policies, or scholarship programs.