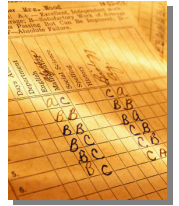




215 Forest Hills Street, Jamaica Plain, MA 02130
 Phone: 617-522-1841, Fax: 617-524-9583
admissions@parksideca.org; www.parksideca.org



TRANSCRIPT RELEASE FORM

PARENT OR GUARDIAN

Please complete this form and forward to the present school or last school in which your child has been enrolled.

Present or Last School _____

(School Name)

 (School Address)

 (City, State and Zip)

Permission is hereby granted for a complete transcript showing all former and current grades, IQ and Achievement Test scores, psychological evaluations (if any), health records and other pertinent information from the student's permanent record. These are to be released to:

**Parkside Christian Academy
 215 Forest Hills Street
 Jamaica Plain, MA 02130**

- This student is being considered for enrollment.
- This student has been enrolled at Parkside Christian Academy.

Thank you for your cooperation and prompt assistance.

Date: _____

Student(s) Full Name

Present Grade

Full Name of Parent(s) or Guardian(s)

Parent/Guardian Signature: _____

Date: _____