



ST. JOHNSBURY ACADEMY

SAINT JOHNSBURY, VERMONT 05819

TELEPHONE: AREA (802) 748-8171

FAX: (802) 748-5463

PERMISSION TO RELEASE SCHOOL RECORDS

To Director of Admissions, St. Johnsbury Academy

Student's Name

Grade

I grant permission to:

Name of Student's Current (or most recent) School

Street Address

City

State

Zip

to release a copy of my child's school record, including the following information, to St. Johnsbury Academy:

Official Administrative Record (name, address, birth date, grade level completed, grades, class standing, attendance record)

Standardized Achievement Test Scores

Teacher and/or Counselor Observations and Comments

Intelligence and Aptitude Test Scores

Record of Extracurricular Activities

Medical Records—Required by Vermont State Law

Family Background Data

Psychological Testing, Diagnostic, and Evaluation Reports

Any other information that would affect the student's ability to be successful at St. Johnsbury Academy. This would include disciplinary and behavioral records including any criminal conviction or juvenile adjudication.

Other _____

Parent's Signature

Date

Parent(s): Please sign and submit this form to your child's current (or most recent) school.