



**To the Parent or Guardian:**

Please fill in the information below and sign in the space provided. Submit this form to your child's current school, along with the appropriate Teacher Evaluation form, so that we may obtain the school records and recommendations which are a necessary part of his/her application file.

\_\_\_\_\_  
Student's name

\_\_\_\_\_  
Entering grade

I give my permission for the release of the information specified below to Friends Academy. I also authorize school personnel to discuss my child's school records, if requested, with personnel from the Friends Academy Admissions Committee.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**To the Principal or Guidance Counselor:**

The above named student has applied for admission to Friends Academy. Please send copies of the following information:

- \_\_\_\_\_ Transcripts or Progress Reports to date
- \_\_\_\_\_ Standardized Test results
- \_\_\_\_\_ Psychological Evaluations or Individualized Educational Plans, if applicable
- \_\_\_\_\_ Teacher Evaluation form (enclosed), completed by student's current teacher

Your cooperation in forwarding this material as soon as possible is greatly appreciated. This information will be treated confidentially and will not be available to the applicant or family. If you have any questions, please contact the Admissions Office at 508-999-1356, ext. 122. Thank you.

**Please mail sealed records directly to:**

Admissions Office  
Friends Academy  
1088 Tucker Road  
North Dartmouth, MA 02747

