



Student Records Release Form

To the parent/guardian: Please complete the information below and submit this form to your child's current school so we may obtain their school records for their application.

Student Name _____ Grade Entering _____

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 Friends Academy.

Parent/Guardian Signature _____ 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)

Please send these materials as soon as possible to the address below. This information will be treated confidentially and will not be available to the applicant or family. If you have any questions, please call the Admission Office at (508) 999-1356.

Friends Academy
Peter Bidstrup, Director of Enrollment
1088 Tucker Road
North Dartmouth, MA 02747
pbidstrup@friendsacademy1810.org