

Student Record Release Authorization

To the Parent/Guardian of the Applicant:

Please complete the following information and give it to the appropriate official at your child's current school.

Applicant's Name: _____ Date: _____

Current Grade: _____ Applying to Grade: _____

Name of Current School: _____

- I request and authorize the release of my child's school records to Summit School. I understand that all information received including teacher recommendations is considered the property of Summit School and will not be shared with parents.

Parent Signature: _____ Date: _____

To the School Head or Registrar:

(All information will be held in strict confidence.)

Please forward as many of the following as applicable to Summit School's Admissions Office:

- Current report card, prior year's report card and comments
- Standardized Test Scores
- Discipline Records
- Psycho-educational testing and reports
- Copies of IEP or 504 plans
- Any records related to speech/OT/PT services provided by the school
- Health Records
- A copy of this form must accompany the records

Return to:

Summit School
c/o Admissions Office
4515 E. Muirwood Drive
Phoenix, AZ 85048
Phone: 480-403-9500
Fax: 480-403-9599

Email: Admissions@SummitSchoolAZ.org