



**PARK STREET
SCHOOL**

**APPLICATION FOR ADMISSIONS
RECORDS RELEASE FORM**

PARK STREET SCHOOL
67 BRIMMER STREET, BOSTON, MA 02108
PHONE: (617) 523-7577
FAX: (617) 523-7576
ADMISSIONS@PARKSTREETSCHOOL.ORG

DUE: FEBRUARY 1

Student Name: _____ Applying for Grade: _____
Birthdate: _____ Present Grade: _____

I hereby authorize release of materials requested below to Park Street School.

Parent Authorization Signature: _____
Date: _____

TO THE PARENT: After you have completed the above, give this form to the Head/Director/Principal of your child's current school. Include a stamped envelope addressed to Park Street School, Attn: Admissions.

TO THE HEAD OF SCHOOL, PRINCIPAL OR DIRECTOR: The student whose name appears above is applying for admission to Park Street School. Please send a copy of current transcripts or records pertaining to this student by February 1, but not before December 1. Thank you for your assistance.

Signature/Title of School Official: _____

Date: _____