

WALDORF SCHOOL OF BALTIMORE

Transcript Release

I hereby authorize the Waldorf School of Baltimore, Inc. to obtain a transcript, health records and other relevant material (grade progress records, test results) about the applicant's academic and social/emotional development from the school he she currently attends. I understand this information will be considered confidential and will be used by proper authorities of The Waldorf School of Baltimore.

Applicant's Name _____ **For Grade** _____

Current School _____ **Grade** _____

School Address _____ **Zip** _____

School Phone _____ **School Fax** _____

Teacher _____ **Principal** _____

Parent Signature _____ **Date** _____

NOTE:

Parents must complete this form and forward it along with the Common Referral Form and Waldorf School of Baltimore return envelope to the student's present school.