



*Parents, please return this signed form to
The Admission Office with your application.*

Record Release

I grant permission to the Administration of The Country School to request records and inquire informally about my child at his/her present school.

Name of Student _____

Name of Present School _____

Present School Address _____

Present Grade _____

Signature of Parent or Guardian _____

Home Address _____

Date _____

TO: SCHOOL REGISTRAR

The above named student is applying to The Country School. Please submit complete academic information for him/her as soon as possible. Include standardized test results, any educational testing, and whenever appropriate the names of courses taken and grades received over the last two years.

Transcript information should be mailed to:

The Country School
Office of Admission
341 Opening Hill Road
Madison, CT 06443

Thank you for your assistance.