



Est. 1959

St. Mark's

EPISCOPAL SCHOOL

Fort Lauderdale

PERMISSION FOR SCHOOL TO RELEASE RECORDS

This form is to be filled out, signed by the parent(s)/guardian(s), and then submitted to the child's current school.

Name of Applicant

Date of Birth (mo/dy/yr)

Grade for which applying

The attached School Recommendation Form is to be completed by the Principal, Director, or teacher of your child's most recent school. The Committee on Admission cannot act until this confidential recommendation has been received. This form will be used only for the admission process and will not become part of the student's permanent record. The school will mail this form directly to St. Mark's Episcopal School. A parent may not "hand carry" this form to the receiving school.

I/We authorize the release of my/our child's following records to be released to St. Mark's Episcopal School.

- Transcripts Reflecting a Minimum of Two Years of Scholastic Grades and the Marketing System Used
- First Semester Grades for Application Year
- Standardized Test Scores from a Minimum of Two Years
- Attendance Record
- Diagnostic, Learning or Behavioral Testing Evaluations _____
- Disciplinary Records or Computerized Discipline Report (Broward County or other Public Schools) and any other information maintained by the current school

I/We release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to the receiving school for that purpose. This permission is a continuing release. At a later time, if my/our child is accepted by St. Mark's Episcopal School, I/we authorize the release of any additional, updated, or completed records from my/our child's current school.

Signatures of both:

Parents /Guardians

Date

Please send the completed school recommendation form and the records indicated above to:

DIRECTOR OF ADMISSION
 Grade PK3 – Grade 8
 ST. MARK'S EPISCOPAL SCHOOL
 1750 E. OAKLAND PARK BOULEVARD
 FORT LAUDERDALE, FLORIDA 33334
 FAX: 954-563-0487
 EMAIL: twassmann@saintmarks.com

Name of School Releasing Record:

Name

Phone Number

Address

City

State

Zip Code