



Records Request Form

Parents: Please complete, sign, and date form. Submit completed form to your child's current school and return to the Waldorf School of Cape Cod for processing. Students applying for grades 6-8 also require teacher recommendations in math and language arts; see separate form

Current School Name: _____

Student's Full Name: _____ Current Grade: _____

I authorize all attendance records, academic records, IEP records, and any evaluations (whether developmental, psychological, or academic) pertaining to his or her education to be released. I give my permission for my child's current teachers and to speak with teachers or representatives of the Waldorf School of Cape Cod. In addition, I permit the Waldorf School of Cape Cod to speak with the administrative staff at my child's current school regarding administrative matters, including the status of my account, if applicable.

Please forward a **copy** of all records and materials to:

Email: rking@waldorfcapecod.org (preferred) or mail to

Waldorf School of Cape Cod

22 Tupper Rd.

Sandwich, MA 02563

ATTENTION SCHOOLS: We require **copies** of the student's records as part of the application process. Thank you for your immediate attention to this request. This is **NOT** a request to **transfer** student records.

Parent/Guardian Signature: _____ Date: _____