



TRANSCRIPT OR PROGRESS REPORT AND RECOMMENDATION RELEASE FORM

Please complete and deliver to your child's current school.

To _____
(School name)

I hereby request the release of my child's records to the Director of Admissions at Holy Trinity School. I also authorize the completion and submission of the Teacher Recommendation Form as requested.

Student's Name: _____

Student's Date of Birth: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____

To the current school:

As part of our admissions process, we ask that the child's current teacher or administrator complete the attached **confidential** recommendation form. We require **a copy of standardized test scores and the student's complete transcript (including this year to date)**.

In order to experience success, a student must be able to follow classroom rules, focus on the task at hand, and consistently complete the work presented by the teacher. Your assessment of the growth and development of this child is a very important part of our screening process. Any additional comments that you may have about developmental or behavioral areas not considered on the checklist will be greatly appreciated.

Thank you so much for your time and assistance. Please return the forms to:

**Director of Admissions
Holy Trinity School: An Episcopal School
13106 Annapolis Road
Bowie, MD 20720**