

DaySpring Arts & Education

School Record Request / Release Form



Name of Student

Date of Birth

The student named above has applied for admission to DaySpring Academy. Applications are not considered complete until student records from prior school(s) are received. Your cooperation is greatly appreciated. Please forward any and all documents to:

DaySpring Arts & Education
ATTN: Academy Director
2500 Metro Blvd.
Maryland Heights, MO 63043
Phone: 314-291-8878

Or email records to:
academy@dayspringarts.org

This is to authorize _____ to release student
Name of Applicant's Current School/ Prior School

records of the above named student to DaySpring Arts & Education. if applicable, please send up to a three year history. Student records should include, but are not limited to:

- Immunization Records
- Current Academic Information
- Educational/ Support Plans e.g. an IEP or IFSP
- School Transcript and/or Report Cards
- Academic Achievement Test Results
- Social / Case History
- Occupational, Speech, and/or Physical Therapy records
- Psycho-educational Test Results

Parent / Guardian signature

Date