



**Authorization for the Release of Records**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Applying to Campus (*circle one*): Fairmount Spruce Hill Walnut Street Rittenhouse

The student named above has applied for admission to The City School for the 2015-2016 school year. As part of our application process, we require copies of the student's school records.

**Please forward (via fax or mail) a copy of the following records and/or information:**

- Academic transcript and/or current report card*
- Medical/Immunization records*
- Disciplinary records*
- Teacher Assessment(s)*
- Scholastic standardized testing, etc.*
- Psychological test results*
- Counseling*
- TELLS Test*

Send records **Attn: Admissions** to the appropriate campus:

<b>Fairmount (Pre-k-1)</b>	<b>Spruce Hill (K-5) &amp; Walnut Street (6-8)</b>	<b>Rittenhouse (9-12)</b>
The City School at Fairmount 860 N. 24th Street Philadelphia, PA 19130	The City School at Spruce Hill 4115 Baltimore Avenue Philadelphia, PA 19104	The City School at Rittenhouse 315 S. 17th Street Philadelphia, PA 19103
<b>(Phone)</b> 215.769.5363 <b>(Fax)</b> 215.769.4063	<b>(Phone)</b> 215.382.7839 <b>(Fax)</b> 215.382.7848	<b>(Phone)</b> 215.731.1930 <b>(Fax)</b> 215.731.0515

A parental release for these records is included below.



I hereby authorize \_\_\_\_\_  
(CURRENT School's Name)

\_\_\_\_\_  
(CURRENT School's Address)

(CURRENT School's Phone Number) \_\_\_\_\_ (CURRENT School's Fax Number) \_\_\_\_\_  
to release all records to The City School for \_\_\_\_\_  
(Student's Name)

including: Academic, Medical, Disciplinary, Testing, Counseling, and those listed above.

Signature (Parent or Legal Guardian): \_\_\_\_\_ Date: \_\_\_\_\_