



Authorization for the Release of Records

Student's Name: _____

Date of Birth: _____

Applying to Campus (*circle one*): Fairmount (Pre-K-4) Spruce Hill (K-5) Poplar (6-12)

The student named above has applied for admission to The City School. 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 Admissions Processing Center

Admissions Processing Center

The City School at Spruce Hill
4115 Baltimore Avenue
Philadelphia, PA 19104

(Phone) 215.382.7839

(Fax) 215.382.7848

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: _____