ST. JOHNSBURY ACADEMY

SAINT JOHNSBURY, VERMONT 05819
TELEPHONE: (802) 748-8171
FAX: (802) 748-5463

PERMISSION TO RELEASE SCHOOL RECORDS

To Director of Admission, St. Johnsbury Academy

_____
Student's Name Grade

I grant permission to: _____
Name of Student's Current (or most recent) School

_____
Street Address

_____
City State Zip

to release a copy of my child's school record, including the following information, to St. Johnsbury Academy.

Official Administrative Record (name, address, birth date, grade level completed, grades, class standing, attendance record)

Standardized Achievement Test Scores

Teacher and/or Counselor Observations and Comments

Intelligence and Aptitude Test Scores

Record of Extracurricular Activities

Medical Records – Required by Vermont State Law

Family Background Data

Psychological Testing, Diagnostic, and Evaluation Reports

Any other information that would affect the student's ability to be successful at St. Johnsbury Academy. This would include disciplinary and behavioral records including any criminal conviction or juvenile adjudication.

Other_____

_____
Parent's Signature Date

Parent(s): Please sign and submit this form to your child's current (or most recent) school.