



Parents: please complete this form and give it to your child's current school.

STUDENT'S LAST NAME	FIRST	MIDDLE	PREFERRED
NAME OF CURRENT SCHOOL		CURRENT GRADE	GRADE APPLYING TO
SCHOOL ADDRESS			
CITY	STATE	ZIP CODE	SCHOOL PHONE
The student named above is applying for admission to Holy Spirit Preparatory School. I authorize you to release the following information:			
<input type="checkbox"/>	Complete grade records, including current report card	<input type="checkbox"/>	Standardized Test Data (ITBS, CogAt, CRCT, SSAT)
<input type="checkbox"/>	Immunization Record (GA Form 3231)	<input type="checkbox"/>	Discipline Records
<input type="checkbox"/>	Current IEP/Psychoeducational Records		
PARENT/GUARDIAN SIGNATURE		DATE	

Please send the complete transcript to:

The Admissions Office
 Holy Spirit Preparatory School
 4449 Northside Drive NW
 Atlanta, GA 30327
 678.761.7992