

TRANSCRIPT RELEASE FORM



Name of Applicant _____

Present School _____ Grade _____ Date _____

The above-mentioned student has made application to Visitation School.
I give permission to release the following information to Visitation about this student.

Parent Signature _____

PLEASE SEND PHOTOCOPIES* OF THE FOLLOWING INFORMATION:

- Academic grades from current school year
- Academic grades from three previous years (if applicable)
- Standardized test scores
- Attendance record

If making application for Kindergarten, please have present teacher send a written evaluation of progress in the areas of social/emotional growth and educational readiness.

No evaluation is needed for children entering Montessori Preschool.

* Visitation does not accept original permanent files.

Your child's school should mail the above information to

Convent of the Visitation School
Admissions Office
2455 Visitation Drive
Mendota Heights, MN 55120
Telephone: 651.683.1700 / Facsimile: 651.454.7144