



Student Name _____

Applying for Grade _____

For School Year _____

INSTRUCTIONS TO PARENT/GUARDIAN

Please sign this Release of School Records form and forward to your child's current principal or guidance counselor.

I request that the school records of be forwarded to the Admissions Office of St. Peter's School, 319 Lombard Street, Philadelphia, PA 19147.

Parent/Guardian Signature _____

Parent/Guardian Name _____

Date _____

INSTRUCTIONS TO SCHOOL

The student named above is an applicant for admission to St. Peter's School.

Please return the following directly to the St. Peter's School Admission Office at the address below:

- A complete, official transcript of grades and standardized tests for at least two years, including the current academic year.
Please also enclose any additional testing conducted that pertains to the student's academic, intellectual, social or emotional abilities and needs.
- Attendance record
- Results of standardized achievement and/or aptitude tests

Thank you on behalf of the members of the St. Peter's School Admission Committee.