



RECORDS RELEASE

TO: PARENTS

Please complete and sign the **top section** of this form and give it to the registrar/records office at your child's **current school**. Thank you!

Date _____

Name of Student _____

Current Grade _____

Parent Signature _____

TO: REGISTRAR

The above named student is **applying for admission** to Gateway School. Please release **copies** of report cards and standardized testing results from the **past two years** to:

Gateway School Admissions
255 Swift Street
Santa Cruz, CA 95060
(831) 454-0843 FAX
(831) 423-0341 Main office

Thank You!
Gateway School Admissions Office