

# MAGNOLIA SCHOOL

## Authorization to Release Academic Records

### TO THE PARENT / GUARDIAN

Please complete the top section of this form and give to your daughter's current school along with a stamped envelope. By signing this form, you are giving permission to release your daughter's academic records to Magnolia School.

STUDENT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_

### TO THE CURRENT SCHOOL

Name & Title of Person Completing this form: \_\_\_\_\_

The above student has applied for admission to Magnolia School. Please mail, email or fax the following to Magnolia School:

- 1) **This completed form**
- 2) **Candidate's transcripts (most recent and prior year)**

MAIL: Magnolia School  
ATTN: Admissions Office  
9600 Long Point Rd., Suite 310  
Houston, TX 77055

EMAIL: [admissions@magnoliaschool.org](mailto:admissions@magnoliaschool.org)

FAX: (281) 886-8848

### ATTENDANCE

	Current Year (to date)	Prior Year
Days Absent:	_____	_____
Days Tardy:	_____	_____

### ACADEMIC STANDING

How many students are in this candidate's current grade? \_\_\_\_\_

In which quarter does the candidate rank? (circle one)

TOP QUARTER      2<sup>ND</sup> QUARTER      3<sup>RD</sup> QUARTER      BOTTOM QUARTER