



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 to complete. 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 complete the section below and return the following two items:

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

SCAN & EMAIL TO: admissions@magnoliaschool.org

OR FAX TO: (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 2ND QUARTER 3RD QUARTER BOTTOM QUARTER WE DO NOT RANK