

630 West Ponce de Leon Avenue
Decatur, GA 30030
404.373.8456 tel 404.377.8554 fax
stm@stmga.org
www.stmga.org

PARENTS: PLEASE COMPLETE THIS FORM AND SEND IT TO YOUR CHILD'S CURRENT SCHOOL.

Full name of student _____

Name of school currently attending _____

Complete school address _____

School phone _____ Current grade _____

I hereby authorize the above named school to release my child's records and evaluative data to St. Thomas More Catholic School.

Parent/Guardian signature _____

Date _____

SPECIFICS OF REQUEST FOR INFORMATION AND RELEASE OF TRANSCRIPT

Dear School Administrator,

The above named student is applying for admission to St. Thomas More Catholic School. We would appreciate your assistance in obtaining a complete academic transcript by providing us with the following information:

- The student's grades for the most recently completed term at your school.
- Complete grade records from your school and any other schools from which you have received records, including health and discipline records.
- Key to your school's grading system.
- Scores of all standardized and IQ testing.
- A copy of any psychological testing and reports including (but not exclusive to) 504 Plan or IEP on file for this child, including placement minutes.
- Student's date of birth.
- Student's date of entrance (and withdrawal if applicable) from your school.

Please send completed materials to:
Director of Admissions
SAINT THOMAS MORE CATHOLIC SCHOOL
630 West Ponce de Leon Avenue
Decatur, GA 30030
404.373.8456 tel
404.377.8554 fax

Thank you