

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*