

**APPLICANT RELEASE OF RECORDS**

**PARENTS: PLEASE SIGN AND MAIL OR HAND-DELIVER THIS FORM TO YOUR CHILD'S CURRENT SCHOOL.**

The Registrar will mail records to Long Trail School.

**SIGNED AUTHORIZATION FROM PARENT/GUARDIAN**

My child (name) \_\_\_\_\_ is applying to Long Trail School for grade \_\_\_\_\_.

I hereby authorize my child's current school \_\_\_\_\_

to release copies of her/his Transcript, Test and Health records to Long Trail School.

\_\_\_\_\_  
*Signature of parent/guardian*

\_\_\_\_\_  
*Date*

**TO THE SCHOOL REGISTRAR'S OFFICE**

Please send copies of the items listed below to the Long Trail School Admissions Office.

Long Trail School  
Attn.: Admissions Office  
1045 Kirby Hollow Rd.  
Dorset, VT 05251

**Official transcript**, including grades of the previous school year and those from at least one marking period of the current academic year

**Test records**, e.g. Iowa Test, California Achievement Test, Terra Nova, WISC III, SSAT, PSAT, SAT, SAT II, ACT, Woodcock-Johnson, etc.

**Complete health record**

Thank you!