



SEACREST
Country Day School

REQUEST FOR RELEASE OF STUDENT RECORDS

7100 Davis Boulevard
Naples, FL 34104

239.793.1986
Facsimile: 239.793.1460
www.seacrest.org

- To the applicant:**
1. Please fill in the lines below.
 2. Sign the following release.
 3. Give this form to the guidance counselor or appropriate official at your current school.

Please print in ink or type.

Applicant's full name _____ Date of Birth _____

Current Grade _____ Applying for grade _____ Date beginning _____

School now attending _____

School address _____

School telephone number _____ School facsimile number _____

I authorize the release of my child's records to Seacrest Country Day School including:

- ◆ Report cards
- ◆ Standardized test reports
- ◆ Attendance records
- ◆ Health records
- ◆ Psychological reports

I will not seek access to this confidential information submitted for the purposes of admission and academic counseling only.

Parent/Legal Guardian name _____

Parent/Legal Guardian signature _____ Date _____

Seacrest Country Day School admits students of any race, color, religion, disability, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion, disability, age, sex, national or ethnic origin in administration of its educational policies, admissions and employment policies, scholarship and loan programs, and athletic and other school administered programs.

To the school: please make a copy of this form for your records and return the original to Admission Officer, Seacrest Country Day School, 7100 Davis Boulevard, Naples, FL 34104