



MORGANTON
DAY SCHOOL

305 West Concord Street Morganton, NC 28655
828-437-6782 mail@morgantondayschool.com

TO: _____
SCHOOL: _____
ADDRESS: _____

RELEASE OF INFORMATION

The following student has applied for admission to Morganton Day School. May we have the following information for this child:

- Standardized Test Scores (intelligence, aptitude, and achievement)
- Academic Performance (classroom grades or evaluations)
- Health Records
- Attendance Records
- Other Reports/Evaluations

STUDENT NAME: _____
DATE OF BIRTH: _____
GRADE: _____

Thank You,

Denise Pitts
Office Manager

I hereby authorize the release of my child's records to Morganton Day School.

Parent/Guardian Signature

Date