Westminster School
3819 Gallows Road Annandale, VA 22003
www.westminsterschool.com
703-256-3620

TRANSCRIPT RELEASE

TO: PARENTS

Please fill out this form and give it and the enclosed recommendation form(s) to the registrar of your child's current school. The Admissions Committee cannot act until this information has been received. The school must mail this form and supporting materials directly to Westminster School. It will be used only for the admission process and will not become part of the student's permanent record at Westminster School.

To allow the candidate to be considered, I/we authorize the release of my/our child's academic record, standardized test scores, and evaluations as requested below by Westminster School. I /We authorize Westminster School to contact schools and other sources to obtain information to support this application and I/we will not seek access to confidential evaluation materials before or after the admission decision is made. I/We release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents and other information provided to Westminster School for that purpose.

STUDENT'S NAME: _____
First Middle Last

GRADE THIS YEAR: _____ APPLYING FOR GRADE: _____

SIGNATURES OF BOTH PARENTS/GUARDIANS: _____

_____

DATE: _____

TO: SCHOOL REGISTRAR

The student named above is applying to Westminster School. We thank you in advance for helping us to complete the student's application file by sending the following information to our admissions office as soon as possible:

1. The enclosed recommendation form(s) completed and signed by the appropriate teacher(s);
2. Kindergarten through 1st Grade: A current progress report, if available;
3. 2nd through 7th Grade: A current transcript and scores of any standardized test. Please indicate the date(s) of testing.