



# CHARLES RIVER SCHOOL

DEEPER UNDERSTANDING, HIGHER ACHIEVEMENT.

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## Student Information

APPLICANT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

DATES OF ENROLLMENT: \_\_\_\_\_ GRADE APPLYING FOR: \_\_\_\_\_

## Parent/Guardian Permission for Release of School Information

I, the undersigned, am the parent or legal guardian of the student named above. They have applied for admission to Charles River School. I authorize the release of school records, transcripts, standardized testing results and any evaluations to Charles River School. Teachers and administrators have my permission to speak with the Admissions Office at Charles River School if necessary. This release is valid for a period of one year from the date of my signature.

I understand that CRS will hold this information strictly confidential.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Release of School Information

The student named above has applied for admission to Charles River School. In order to assess this student's fit for the program, potential for academic success, and academic progress, we would appreciate the release of a copy of their grades, transcript, test scores, and any other relevant information.

**Please email information to Kat Whitten, Director of Admissions: [kwhitten@charlesriverschool.org](mailto:kwhitten@charlesriverschool.org)**

While electronic records are preferred, records may also be sent via fax to 508-785-8290 or mailed to:

Charles River School

Attn: Admissions Office

6 Old Meadow Road

PO Box 339

Dover, MA 02030