



## RECORDS RELEASE

### TO: PARENTS

Please complete and sign the **top section** of this form and give it to the registrar/records office at your child's **current school**. Thank you!

Date \_\_\_\_\_

Name of Student \_\_\_\_\_

Current Grade \_\_\_\_\_

Parent Signature \_\_\_\_\_

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### TO: REGISTRAR

The above named student is **applying for admission** to Gateway School. Please release **copies** of report cards and standardized testing results from the **past two years** to:

Gateway School Admissions  
255 Swift Street  
Santa Cruz, CA 95060  
(831) 454-0843 FAX  
(831) 423-0341 Main office

Thank You!  
Gateway School Admissions Office